Application for Utility Service

City of Tekoa PO Box 927, Tekoa, WA 99033 509-284-3861

Tap No._____ Acct No._____ Service Start Date_____

1. Owner's Name: _____

2. Renter Name (If applicable): _____

3. Service Address: _____

4. Owner Billing Address: _____

5. Renter Billing Address: _____

6. Residential Service_____ or Commercial Service_____ **(Check One)**

7. Home Phone: _____ Work Phone: _____

8. Garbage Service Requested: (**please circle choice**) one can - monthly one can – weekly

two cans – weekly cart – weekly other _____

9. Emergency contact: Name:_____

Phone:_____Address:_____

_____

9. I hereby apply for a water service connection at the above service address, subject to the rules and regulations of the City of Tekoa. I understand that the water connection and water deposit fees (if applicable) will be paid in full prior to the water connection. **I understand that I must formally request to terminate this water connection; service termination fees may apply.** This is done by completing the bottom section of this form.

_____ _____

Signature of Owner Date

_____ _____

Signature of Renter (if applicable) Date

REQUEST FOR SERVICE TERMINATION/STANDBY

I request that the water service be shut off to the above-mentioned address:

Date_____ Signature_____

Office Use Only:
Water meter shut off: Yes No
Water Department Signature:_____
Final Meter Read_____ Date_____