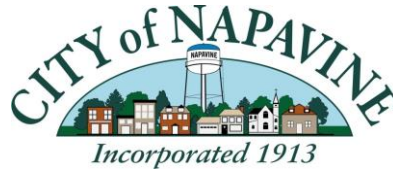


407 Birch Ave SW, P. O. Box 810  
 Napavine, WA 98565  
 Phone: (360) 262-3547  
 Fax: (360) 262-9199  
 www.cityofnapavine.com



John Sayers, Mayor  
 Mary Wood, Clerk-Treasurer  
 Sharri Salyers, Deputy Clerk  
 Bryan Morris, Public Works Director

## Renter Application for Utility Service

_____		Account Number
Applicant Name	_____	Move-In Date
_____	Phone	
Co-applicant	_____	Check box if:
Service Address	_____	Residential <input type="checkbox"/>
_____	Mailing Address (if different)	OR
Email Address	_____	Commerical <input type="checkbox"/>
_____	City, State, Zip	_____
Driver's License # State	_____	Date of Birth
_____	Social Security #	_____
Co-Driver's License # State	_____	Date of Birth
_____	Social Security #	_____
Employer	_____	Number of occupants in home
_____	Employer's Phone #	_____
Co-Applicant Employer	_____	_____
_____	Co-Applicant Employer's #	_____

I hereby make application for utility services from the City of Napavine, Washington, subject to all of the provisions of city ordinances now existing or hereafter adopted, copies of which are available for inspection during normal business hours at City Hall and agree to pay all charges as provided for therein and that the obligations of the parties are covered thereby. This application shall automatically grant the City of Napavine the right to assess the property for performances of the City's services. I hereby certify that I am the legal property owner and have the authority to establish utility services at the above service location. I understand the City of Napavine shall have a lien against the property in accordance with RCW 35.21 and RCW 35.67 of charges which shall be the obligation of the owner of the property, its heirs, successors and assigns, until the same is paid in full. The City may enforce the lien by shutting off and not restoring water, and/or sewer until all delinquent and unpaid charges are paid in full. The City of Napavine may also employ other legal remedies such as collection agencies, small claims court and superior court to collect the unpaid amount from the property owner.

_____	_____	_____
Owner Name (Printed)	Owner Mailing Address	Owner Phone Number
_____	_____	_____
Tenant Signature		Date
_____		_____
Co-Tenant Signature (if Applicable)		Date
_____		_____

In accordance with Federal Law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382.

<b>Office Use Only:</b>	<b>Own a Dog</b> <input type="checkbox"/>	
<b>Account Established</b> <input type="checkbox"/>	<b>Ownership Verified</b> <input type="checkbox"/>	Receipt #
_____	_____	Date
Meter Reading	Meter Number	Staff Initials
_____	_____	_____