CITY OF SEQUIM
152 W. Cedar Street, Sequim, WA 98382
PH (360) 683-4139 FAX (360) 681-3448

Owner Move In Form

Service Address:		
Effective Date of move in:		
Current Date:		
Name:		
Mailing Addr if different than service location:		
Phone #		
email:		
Title Company:		Closing date:_____

I hereby request City utility services at the above address. I understand that I will be responsible for all applicable charges as set by City ordinances. A deposit of up to **$315.00 (depending on services requested)** is required of all renters, owners have an option to provide the city with a letter of credit from a previous utility company or a credit score above 670.

If my account is past due three (3) times in a twelve (12) month period, I will be billed for the additional deposit which is based on the current utiity deposit at that time.

Signature: _____

Date:_____ **Please also send a copy of your photo ID**

Comments

email to: utilpay@sequimwa.gov

Office Use Only Move In:

Move In:_____	Move out:_____	Owner chg:_____	Moveout Inactive:_____	AutoPay_____
Deposit:_____	Group Memb:_____	Dir Debit:_____	Meter Reading:_____	