



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 660. 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 utility 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: _____	