



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

Renter Move In Form

Service Address:	
Effective Date of move in:	
Current Date:	
Name:	
Mailing Addr if different than service location:	
Phone #:	
email:	
Number of Occupants:	
Landlord Name:	
Phone #	

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. Deposit of up to **\$315.00** (depending on services requested) is required of all renters, unless the property manager/owner provides a written waiver. I have provided the landlord/owner's name and phone number. The City will notify my landlord/owner if my account becomes delinquent.
 At least 50% of the deposit is required to put services in my name.

Signature:

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