



www.ci.bonney-lake.wa.us/utilities

City of Bonney Lake – Utility Billing
P.O. Box 7380 / 9002 Main Street East, Ste. 250
Bonney Lake, WA 98391
Phone: (253) 447-4317
Fax: (253) 447-3181
Email: utilities@ci.bonney-lake.wa.us

TENANT CHANGE REQUEST

DATE: UTILITY ACCOUNT #

OWNER'S NAME: HOME PHONE #

CELL PHONE # WORK PHONE #

SERVICE LOCATION:

EFFECTIVE DATE:

OWNER'S MAILING ADDRESS:

The information below will be verified any time the customer requests access to utility account information. Please list information for each legal property owner on the utility account.

PROPERTY OWNER'S DRIVERS LICENSE # STATE:

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I understand if I put the billing in the name of my tenant and if the tenant fails to pay the utility bill I will be responsible for all charges including but not limited to utility bill, penalties and any other utility billing fees.

It is illegal for the City to participate in any eviction process. Therefore, water service will not be terminated per the owner's request if a residence is known to be occupied. It is the responsibility of the owner to provide written notification of any changes in residency status or billing information.

As owner of the property in reference above, I understand that I will be billed for utility services supplied to this location and herein request that a copy of the billing statements and all notices for utility services be mailed to the TENANT at the service address. Tenants will not receive prorated statements. I agree to a \$45.00 alternate address fee which will be charged to my account for this duplicate billing service. I also understand that each time there is a change of tenants, I must renew this agreement. I understand that this service may be stopped at anytime upon my written request.

(Circle one) I am requesting to start / stop Duplicate Billing Service for the address above.
Utility account must have a zero balance before a new tenant will be added

TENANT NAME: TENANT PHONE #

TENANT CELL # TENANT WORK #

TENANT MAILING ADDRESS:

OWNER'S SIGNATURE: DATE:

For Office Use

Identity Verified By: Date Posted: Initial: