



REQUEST TO DISCONTINUE UTILITY SERVICES

Please notify us of your scheduled move out date as soon as possible. Your final bill will be impacted if you wait until you have already moved to inform us.

Account No. _____ Disconnection Date _____

Service Address _____ Moses Lake, WA 98837

Name _____ Phone _____

Mailing/Forwarding Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

*****This Request to Discontinue Utility Services must be notarized if it is not filed in person with the City of Moses Lake Utility Department at 401 S Balsam St., Moses Lake, WA 98837. Original document is required.**

STATE OF _____)

)ss:

County of _____)

I HEREBY CERTIFY that on this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared, known or proven to me to be the person(s) who executed the foregoing instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHERE OF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Notary Public for _____

Residing at _____

My Commission Expires: _____

-----NOTARY USE ONLY-----

ID Type: _____ ID# _____ Expiration Date _____ Issued by _____

-----OFFICE USE ONLY-----

Received Date: _____ Time: _____ By: _____