



CITY OF RUSTON

5219 N. SHIRLEY STREET RUSTON, WASHINGTON, 98407

PHONE (253) 759-3544 Option 2 FAX (253) 752-3754

EMAIL: utilityclerk@rustonwa.org

Utility Department Change of Occupancy

Effective Date _____

Location of Property _____

OLD ACCOUNT # _____

NEW ACCOUNT # _____

____ New Occupant ____ Landlord/Owner

PRESENT OCCUPANT

NAME _____

NAME _____

MAILING ADDRESS* _____

MAILING ADDRESS _____

PHONE NUMBER _____

PHONE NUMBER _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____

*Deposit cannot be refund without forwarding address

DEPOSIT AMOUNT _____

DATE PAID: _____

DEPOSIT AMOUNT \$200.00 Residential \$300.00 Commercial Type A \$600.00 Commercial Type B Other Commercial \$ _____

(Please note if transfer is requested and New Occupant does not sign within 5 business days of the effective date the utilities will be turned off.)

NEW OCCUPANT INFORMATION ONLY:

Account Holder _____

Social Security Number (Last 4 digits only) _____

Employer _____

Address _____

Phone # _____

Spouse's Name _____

Spouse Social Security Number (Last 4 digits only) _____

Employer _____

Address _____

Phone # _____

OFFICE USE ONLY:

Final Bill: Electric Meter # _____ Read: _____ Date: _____