



TOWN OF RUSTON

5117 N. WINNIFRED STREET RUSTON, WASHINGTON, 98407-6497

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

Utility Department Change of Occupancy

Effective Date _____
(New occupant is responsible for billings from effective date)

Location of Property _____

OLD ACCOUNT # _____

NEW ACCOUNT # _____

PRESENT OCCUPANT

____ NEW OCCUPANT ____ LANDLORD/OWNER

NAME _____

NAME _____

MAILING ADDRESS* _____

MAILING ADDRESS _____

PHONE NUMBER _____

PHONE NUMBER _____

SIGNATURE

SIGNATURE

DATE _____

DATE _____

UTILITIES PAID THROUGH _____

DEPOSIT AMOUNT _____

FINAL BILL AMOUNT _____

DATE PAID _____

FINAL BILL SENT _____

GARBAGE REQUEST _____

DATE REFUNDED _____

SETUP COMPLETED _____

*Deposit cannot be refunded without forwarding address.

(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 _____

Employer _____

Address _____

Phone # _____

Spouse's Name _____

Spouse Social Security Number _____

Employer _____

Address _____

Phone # _____

Notes: _____

Elec Meter # _____ Elec Code _____ Sewer Code _____ Garbage Code _____