



# CITY OF RUSTON

5219 N. SHIRLEY STREET RUSTON, WASHINGTON, 98407

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

EMAIL: [utilityclerk@rustonwa.org](mailto: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: \_\_\_\_\_