



The City of Elma

UTILITY CUSTOMER ACCOUNT APPLICATION

Please fill in the form, **SIGN** and return to us WITH AN ENLARGED LEGIBLE COPY OF YOUR PHOTO ID OR DRIVERS LICENSE. If submitting this form in person we can make the copy for you. If you have any questions contact us at (360)482-2212 or by email to kendall@cityofelma.com

I, _____ Applicant of legal age, hereby make application for utility services at the address listed below, with an effective date of _____ from the City of Elma subject to all of the provision of City resolutions establishing policies and rates, which are by this reference incorporated into and made a part of this application. This application: when accepted by the City, becomes a contract committing the Applicant/Customer to pay for the utility services furnished in accordance with the applicable rate schedules, including minimum charges, and for any unpaid service and charges previously rendered to the Applicant/Customer by the City of Elma.

If your payment is not received by the 15th of the month, it becomes delinquent on the 16th and is subject to a fee.

Service address:		Service Location:	
Name:		Phone/Cell Number:	
Mailing address:			
City:	State:	Zip:	
Email Address:	Driver's License Number:	State:	
Employer:	Work Phone number:		
Do you currently have, or had in the past, a utility account with the City of Elma?		Yes	No
If yes, please list the address and name(s) on the Utility Account:			
Owner Name		Phone Number	
Owner Address		City	

As owner of the above named property, I agree to abide by Elma Municipal Codes, State of Washington RCW 35.21 and 35.67, and all other pertinent City Codes and RCWs as they now stand or are hereafter amended. The City may shut off and not restore utilities until all delinquent charges are paid in full and may also employ other legal remedies to collect the unpaid amount. Per Resolution 655, the City of Elma will not collect a utility deposit. The Owner/Landlord of a property is ultimately responsible for their tenant's billing.

Owner Signature: _____ Date _____

Applicant Signature: _____ Date _____

Completed forms shall be submitted to City Hall at 202 W Main Street, Elma WA 98541

Confidentiality Note: This document contains information belonging to the City of Elma which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this in error, please immediately notify us by telephone to arrange for return of the document to us.

FOR STAFF USE ONLY			
Date Received _____	Staff Member Signature _____		
Water Current Reading _____	Staff Member _____		
Date Entered into System _____	Staff Member _____		

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