

CITY OF RAINIER

For Official Use Only

Account #: ____

Date Received:

WATER SERVICE APPLICATION

APPLICANT INFORMATION (Please Prin	nt Clearly)			
Applicant Name (First and Last):				
Mailing Address:				
Primary Phone #:	City	State	Zip	
Email:	Senior Citizen (65 years o	r older): 🛛 🗆	Yes	🗆 No
PROPERTY INFORMATION (Please Print	t Clearly)			
Service Address:				
Move In Date:	City	State	Zip	
Does the applicant rent or own the property (p	lease check one): 🛛 *Rent 🗆 Owr	ı		
*If Renting: please provide the following inforn	nation and have your landlord complete	the attached A	Authorizat	ion to Bi
Tenant Form:				
Landlord Name (First and Last):				
Mailing Address:	2 1			
	City	State	Zip	

Additional Information

BILLING: The City bills on a bi-monthly basis. Water bills will be sent out to the mailing address listed above and will be due on the 15th of the following month. If the billing due date falls on a day the city is not open, it will be due the following business day. Payment can be made in-person with a credit card, cash, or check; by mail with cash or check; over the phone and online. The former will incur a 2.5% processing fee charged by the credit card company. If you have any questions about billing or your current water bill, please contact City Hall.

GARBAGE: City ordinance requires that city water customers have garbage service. Please contact LeMay at (360) 923-0111 to set up your service.

POWER: Electricity is provided by Puget Sound Energy. Please visit pse.com to set up an account.

Applicant Signature

Date

102 Rochester St W | PO Box 258 | Rainier, WA 98576 P: (360) 446-2265 F: (360) 446-2720 cityofrainierwa.org



CITY OF RAINIER AUTHORIZATION TO BILL TENANT

For rental properties only

l,	, certify that I am the owner or duly authorized agent		
of the property located at	, Rainier, WA 98576.		

I hereby authorize the City of Rainier to bill all my tenant(s) directly for water service subject to the following terms and conditions:

In accordance with applicable City ordinances, I agree to remain jointly and severally liable for any past due water bills unpaid by my tenants. I further understand that it shall be my responsibility to notify the City of Rainier Utility Department of any change in tenancy or ownership. Such notification shall not waive any rights to collection granted herein. I further understand that water to the property may be discontinued when any amount due becomes delinquent, and that service to the property may not be restored until all charges due have been paid in-full, by me or my tenant, regardless of any change in tenancy or ownership, except as provided otherwise by ordinances.

Executed this ______ day of ______, 20 _____.

Account No. _____

Owner/Authorized Agent Signature

Mailing Address

City, State, Zip

Telephone Number

City Staff

Email Address



Equal Opportunity Program

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note in the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity

□ Hispanic/Latino □ Not Hispanic/Latino

Race

American Indian/Alaskan Native

Asian

- Black or African American
- Native Hawaiian or Pacific Islander

□ White

Sex

Male

□ Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law, Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington, D.C. 20250-0700.

Este programa es de oportunidad igualada. Discriminacion es porhibido por la ley Federal. Quejas de discriminacion pueden ser registradas con el Adminstrador, USDA, Rural Development, Washington, D.C. 20250-0700