



DUPLICATE BILLING COPY TO THIRD PARTY APPLICATION

100 3rd Avenue Southeast
 Pacific, WA 98047
 Phone: (253)929-1100
 Fax: (253)939-6026
 Email: billing@ci.pacific.wa.us

Property Owner Name:		Effective Month:
Service Address:		Account#:
Owner Mailing Address:		
City:	State:	Zip:
Owner Email Address:	Home Phone#:	Cell Phone#:
Owner Driver's License#/State* or Tax ID#/State* (If business or realtor):		

*May be verified any time a request to access utility account information

THIRD PARTY	Third Party Name:	Requesting to:	
		START <input type="checkbox"/>	STOP <input type="checkbox"/>
	Third Party Mailing Address (If different than service address):		
	City:	State:	Zip:
	Third Party Email Address:	Home Phone#:	Cell Phone#:

It is illegal for the City of Pacific to participate in any eviction process. Therefore, water service will not be terminated per the owner's request if a residence is known to be occupied. When a third party moves in or out, the utility account will not be pro-rated.

As owner of the property, in reference above, I understand that I am responsible for all utility charges and I will be billed for utility services supplied to this location. I hereby request that a duplicate copy of the billing statements and all notices for utility services be mailed to the requested third party. I agree to a \$3.00 per month alternate address fee which will be charged to my account for this duplicate billing service. I understand that each time there is a change of occupancy or third party, I must renew this agreement. I understand that this service may be stopped at any time upon my written request and it is the responsibility of the owner to provide written notification of any changes in residency status or billing information. I agree that if the third party fails to pay the utility bill, I will be responsible for all charges including, but not limited to, utility bill, penalties and any other utility billing fees.

Owner Signature:	Date:
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For Office Use Only		
Utility Account Number: _____	Processed by: _____	Date: _____
Account Type:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi- Family <input type="checkbox"/> Commercial