



Customer Service Center 500 N Pearl Street, Centralia, WA 98531
Phone: (360) 330-7657 Fax: (360) 330-7593
Email: csc@cityofcentralia.com

TENANT APPLICATION FOR COMMERCIAL UTILITY SERVICE

For my convenience, please establish a utility billing account for my tenant(s):

Property Owner/Landlord must complete all information in this box:

Tenant Name _____ Effective Date* _____

Spouse or Co-Tenant Name _____ Service Address _____

To offset any potential liability I may have as owner of this property, I request the City of Centralia to collect a deposit in the amount of \$ _____ from my tenant.

As owner of the above named property, I agree to abide by Centralia Municipal Code 13.02.021, 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.

Owner Name _____ Phone Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Owner Signature _____ Date _____

*PLEASE NOTE: Tenant's utility account effective date will be the date we receive the completed form and payment of deposit, if applicable.

Tenant must complete all information below:

**A COPY OF CORPORATION OR LLC PAPERS AND
CURRENT PHOTO ID IS REQUIRED**

Type of Business _____

Corporation Limited Liability Company (LLC) Limited Liability Partnership (LLP) Sole Proprietorship

Email Address: _____ Preferred Method of Contact: Phone Email Text

Mailing Address _____ City _____ State _____ Zip _____

Contact Phone Number(s) _____ UBI or FEIN # _____

After Hours Emergency Contact Name _____ After Hours Emergency Phone Number _____

Tenant(s) understands and acknowledges that the above information will be used for establishing an account in your name(s) for utility services with the City of Centralia. Additionally, this information may be used for the collection of unpaid debts owed to the City of Centralia for utility services. This may include, but is not limited to, turning over your outstanding account(s) to a collection agency.

If the tenant is a Corporation, LLC, LLP or other entity, then the individual(s) signing below do hereby agree to, jointly and severally as applicable, personally guarantee the payment and collection of all unpaid debts owed to the City of Centralia on behalf of the tenant.

Tenant #1 Signature _____ Tenant #2 Signature _____ Date _____

Confidentiality Note: This document contains information belonging to the City of Centralia, 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.