

TOWN OF COULEE CITY

501 West Main Street ♦ PO Box 398 ♦ Coulee City, WA 99115-0398
(509) 632-5331 phone (509) 632-5125 fax tcoulee@odessaoffice.com



UTILITY ACCOUNT APPLICATION

Account Name(s): _____

Owner Renter

Property Address: _____

Mailing Address: _____

Contact Phone No.: _____

Effective Date: _____

This document serves as a request for utility services; water and/or sewer, from the Town of Coulee City. The monthly billing will be sent to the mailing address provided. The billing cycle including due dates, fees, and penalties have been disclosed. Copies of the Coulee City Municipal Code relevant to utility services is available upon request. Non-payment could result in a lien against the real property in which utilities have been furnished.

A deposit in the amount of \$150 is required for all new service accounts. Upon the establishment of consistent, timely payments for one year the deposit amount may be either applied to the account or refunded.

Signature(s):

Printed name

Printed name

Required Documents:

- Property Transfer Documentation (as filed with County)
- Town Owner/Renter Agreement

Deposit Received

Amount:		Date:	
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Account No.: