



City of North Bonneville

MOVE IN WATER/SEWER SERVICE REQUEST

City Hall 214 CBD Mall, PO Box 7 North Bonneville, WA 98639
P (509)427-8182 F (509)427-7214 info@northbonneville.net

PLEASE PRINT

Name _____ Date of Birth, _____

Main Phone # _____ Alternate Phone# _____

Email: _____ Driver's License or ID# _____

Current Mailing Address _____

Physical Street Address of Property _____

Owner or Renter (circle one)

Expected Move in Date _____

Security deposit of \$150 collected before move in date.

I acknowledge that I have received a copy of the North Bonneville Utility Policy.

Date _____

Print Name. _____

Signature. _____

-----below this line for office use only-----

Account Number _____ Meter Reading _____

Date Deposit Received. _____