



CITY OF BREMERTON

Utility Billing
100 Oyster Bay Ave N
Bremerton, WA 98312-3492
(360) 473-5316
FAX (360) 473-2330
billing@ci.bremerton.wa.us

*** PLEASE COMPLETE, SIGN & RETURN ***

Account No. _____

OWNER/TENANT CHANGE FORM

Service Address _____ Closing Effective Date _____

I, _____, as owner of the above listed property request the following:

- Purchased property. Open account in my name (Complete Section A)
- Send bill to my Agent (Owner must complete Section B)
- Send bill to the tenant, MUST BE AUTHORIZED BY OWNER/AGENT. (Complete Section C)
- Change mailing address. (Complete Section A, B, or C as required)
- Sold property. Close account. Prepare and send final bill to me. (Complete Section A to include forwarding address)
- Selling property. Escrow company will contact for estimated Final Bill per RCW 60.80. Effective Date _____
The Escrow Company is _____
- Other _____

NOTE: The Revised Code of Washington provides that water and sewer charges are charges against the property served. Consequently, you as the new owner may become liable for unpaid charges not paid by the prior owner. The City will bill the prior owner in an attempt to collect. If after sixty (60) days these charges have not been paid, the City will transfer the outstanding final charges to the account of the new owner and it will become their responsibility.

As a courtesy to the owner, only the owner may request to have the billing sent to the tenant. If the tenant vacates leaving outstanding charges, the City will not go to collections to get payment from the tenant. The unpaid charges stay with the property and therefore become the responsibility of the owner.

Owner Signature _____ Date _____

***** Section A: OWNER INFORMATION (BILLING / FINAL FORWARDING ADDRESS) *****

Name: _____ E-mail: _____
Last First MI

Co-Name: _____ Ph: _____ Cell: _____
Last First MI

Address: _____
Number/Street/Apt. No. City State Zip

Section B: AGENT/PROPERTY MANAGEMENT/POA

Name: _____ Ph: _____ Cell: _____
Last First MI

Address: _____
Number/Street/Apt. No. City State Zip

Section C: TENANT INFORMATION (BILLING)

Name: _____ Ph: _____ Cell: _____
Last First MI

Address: _____
Number/Street/Apt. No. City State Zip