



CITY OF YAKIMA UTILITY SERVICES DIVISION
129 North Second Street
Yakima, Washington 98901
Phone (509) 575-6080 Fax (509) 576-6649
www.yakimawa.gov

Utility Bill Rental Authorization Form

Owners/Property Managers of rental property must complete this authorization form to inform the City of the person(s) renting the property and where duplicate landlord bills are to be mailed. It can also be filled out and submitted electronically at: <https://www.yakimawa.gov/services/utility-services/utility-bill-rental-authorization/>.

***The utility account created pursuant to this form shall be subject to all laws of WA State and the City of Yakima.**

***Owners/Property Managers will automatically receive late notifications for tenant's account.**

***Fill out all required fields**

Property Address: **(Required)**

Tenant Information:

Tenant's First and Last Name: **(Required)**

Spouse/Other First and Last Name: _____

Is Tenant Mailing Address Different Than the Property Address? **(Required)**

Yes _____ No _____

Tenant's Different Mailing Address:

Tenant Contact Phone Number: **(Required)**

Additional Phone Contact: _____

Lease From (begin date): **(Required)** _____

Lease To (end date): _____

Property Owner Information:

*If the property owner is a TRUST, LLP, LLC, Corporation, Business, we will need both TRUST, LLP, LLC, Corporation, Business information and the Trustee, Owner, Governor first and last name of said TRUST, LLP, LLC, Corporation, and or Business.

*If listed owner is TRUST, further documentation may be needed to show that person is the trustee.

Owner's First and Last Name: (Required)

Owner's Driver's License Number: (Required)

TRUST, LLP, LLC, Corporation Name (if applicable):

Tax Identification Number for TRUST, LLP, LLC, Corporation Name:

Owner's Mailing Address: (Required)

Owner's Phone Number: (Required)

Additional Phone Contact: _____

Property Owner to receive copy of tenant's bill: (Required) Yes _____ No _____

When the tenant or non-property owner notifies the City of Yakima that they are leaving the property please select which option you want the City to take:

_____ Disconnect Services

_____ Continuous Service-Revert to Owner (RTO) -The service will revert back to the owner. If RTO selected fill out RTO section.

If neither option is selected, the account will be closed and services will be ended.

RTO

Refuse Tote: _____ 32 Gallon _____ 96 Gallon

If none selected tote located at residence will continue. If no active account and none selected, 32 gallon will be selected.

Property Manger Information:

Property Manager Name or Business Name:

Property Manager Address:

Property Manager Phone Number: _____

Additional Phone Number: _____

Property Manager to receive copy of tenant's bill: Yes _____ No _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date Signed: **(Required)**

Owner's Signature: **(Required)** _____

Per YMC 7.50.080(G), "The city reserves the right to collect delinquent tenant accounts from the property owner. These delinquent accounts may be sent to a collection agency in the owner's name. (Ord. 2006-07 § 16, 2006)."

Please make sure to review the Utilities Website <https://www.yakimawa.gov/services/utility-services/> thoroughly and visit the Utility Pages & Ordinance Links found on this site, for important information regarding utilities services for properties within the City of Yakima.