**CITY OF BREMERTON**
**Public Works and Utilities - Billing**
345 6th Street, Suite 100
Bremerton, WA 98337-1891
Office (360) 473-5316 | Fax (360) 473-2330
Email: billing@ci.bremerton.wa.us

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

Account No. _____

Print Form

# TENANT CHANGE FORM

Service Address _____ Move In / Out Date _____

I, _____ , as owner of the above listed property, I am informing you that:
*(Print Name)*

- ☐ My tenant moved in.
- ☐ My tenant moved out (bill to ☐ Owner or ☐ Property Manager)
- ☐ I've added a Property Manager
- ☐ I've removed a Property Manager

**Please choose one of the following Off Cycle Billing options for your tenant move in/out:**

- ☐ Request the City of Bremerton to read the meter for a fee of $23
- ☐ Meter read declined. Send next bill to Owner/Property Management. Will handle move in/out. No fee.

**NOTE: 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.**

**There will be a $5 fee to add a tenant.**

Owner Signature _____ Date _____

## Section A: TENANT INFORMATION FOR BILLING

Name: _____ Phone: _____ ☐ Home ☐ Cell
Last First MI

Co-Name: _____ Phone: _____ ☐ Home ☐ Cell
Last First MI

Mailing Address: _____
Service Address/PO Box City State Zip

Email: _____ ☐ E-Bill Only ☐ Both*
**Select "Both" to receive a paper and electronic bill*

## Section B: AGENT/PROPERTY MANAGEMENT/POA

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

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

Email: _____ Agent Name: _____

## Section C: OWNER INFORMATION FOR OWNER ACCOUNT

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

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

Email: _____