



City of Kalama

Incorporated 1890

PO Box 1007
320 N. First St.
Kalama, WA 98625
(360) 673-4562



UTILITY BILL AGREEMENT - TENANT (Form Must Be Filled Out Completely)

Date: _____

I verify I am a tenant of the property located in Kalama, Washington, at _____
_____.

I understand I will be receiving and paying the City of Kalama utility bills for the above property. I understand if I am delinquent, a copy of the late notice will be sent to my landlord. If I am unable to pay the balance in full when it becomes due, I am to contact the landlord with proposed payment arrangements. If the landlord agrees to the terms, the landlord will contact the City of Kalama with the proposed arrangements and indicate approval.

TENANT'S SIGNATURE

TENANT'S PRINTED NAME AND MAILING ADDRESS:

Phone: _____

E-Mail: _____

Acknowledged and entered into system:

CLERK SIGNATURE

DATE: _____