



Number of pages _____
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Move In/Move Out Request

Fax: (253) 502-8771

Instructions: Please complete this form and fax it to Tacoma Public Utilities at (253) 502-8771.

Provide the occupant's information and proper identification as required below. Tacoma Public Utilities will make every attempt to complete your request **within three business days of receipt**, providing we can confirm the occupant's identity and the service address, including unit number.

All information and signatures are required to complete your request. Incomplete forms will be returned.

Service address: _____ Unit/apt #: _____

Move in date: ____/____/____ OR Move out date: ____/____/____
mm dd yyyy mm dd yyyy

Forwarding address (if provided): _____ Zip code: _____
(for a move out) Street address City State

Tacoma Public Utilities requires information on **ALL ADULTS** (18 years and older) who will be responsible for this account. Please attach additional sheets if necessary.

Tenant/occupant information

First name: _____

Middle initial: _____ Phone number: _____

Last name: _____

Social Security number: _____

I understand I am responsible for utility charges provided by Tacoma Public Utilities (TPU) at the service address and that to make any changes to my account (moving out, changing roommates and/or phone number, etc.), I must notify TPU in a timely manner.

Signature: _____

Additional occupant

First name: _____

Middle initial: _____ Phone number: _____

Last name: _____

Social Security number: _____

I understand I am responsible for utility charges provided by Tacoma Public Utilities (TPU) at the service address and that to make any changes to my account (moving out, changing roommates and/or phone number, etc.), I must notify TPU in a timely manner.

Signature: _____

If services are currently off, Tacoma Public Utilities requires authorization to restore service.

Choose one: ☐ YES, safe for reconnection (not present) OR ☐ NO, owner/occupant will call

Complex or owner name: _____

Contact name/title: _____

Phone: _____ Fax: _____

Signature (tenant's information verified) _____