

City of Bellevue

BELLEVUE TAX/UTILITIES SERVICE AGREEMENT AND WAIVER OF SECURITY DEPOSIT

Bellevue Codified Ordinance 921.04 and 925.14

TENANT INDIVIDUAL QUESTIONNAIRE

Service Address:

Acct. No.:

Owner's Name:

Address:

Phone:

Tenant's Name:

Mailing Address:

Phone:

Employer:

Mailing Address:

Phone:

Tenant's Name:

Mailing Address:

Phone:

Employer:

Mailing Address:

Phone:

In the last 7 years, have you filed with the Bellevue Tax Department? Yes No

If yes, under what name? _____

Are you over the age of 18? Yes No

Below, list the names of all other adults (over 18) living at this address:

SIGNATURES:

SOCIAL SECURITY NUMBERS

TO AVOID A \$50.00 DEPOSIT, PLEASE COMPLETE THIS FORM. THANK YOU.