



VACANCY CERTIFICATE

I, the undersigned owner of the property located at:

certify that this property has been continuously vacant for the past six months and respectfully request service charges for the 2 month billing period of

_____ through _____ 20____ be waived.

I am aware that **all service charges must be current** to qualify for this waiver and further understand that billing will resume the next billing period if the District does not receive a VACANCY CERTIFICATE by the end of any such billing period that the property has remained vacant.

Name of Owner (please print) _____

Mailing Address _____

Phone Number (with area code) _____

Date: _____ Email: _____

Account No: _____

Signature _____

Please complete form and return:

By Mail: Midway Sewer District
PO Box 3487
Kent, WA 98089-0209
By Fax: (206) 878-2692
Email: customerservice@midwaysewer.org