



## 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 \_\_\_\_\_, 2008 are 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 ( ) \_\_\_\_\_

Date \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Please complete form and return:

By Mail: Midway Sewer District  
PO Box 3487  
Kent, WA 98089-0209

By Fax: (206) 878-2692

Email: [custsvc@midwaysewer.org](mailto:custsvc@midwaysewer.org)