



**City of Richland**

**UTILITY BILLING**

505 Swift Boulevard  
Richland, Washington 99352  
(509) 942-1104, extension 1  
Fax: (509) 942-7779

[UtilityBilling@ci.richland.wa.us](mailto:UtilityBilling@ci.richland.wa.us)

## Request to Suspend Service(s)

Service Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

Requested Disconnect/Lock Out Date: \_\_\_\_\_

Please initial the meters to be disconnected & locked out to terminate service. This requires a \$50.00 fee per meter/\$20 refuse abeyance fee per occurrence to be paid at the time the request is submitted:

\_\_\_\_\_ Water Meter

\_\_\_\_\_ Electric Meter

\_\_\_\_\_ Refuse Container

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

TO BE COMPLETED BY CITY OF RICHLAND	
Meter # _____	Read _____
Meter # _____	Read _____
Container 1 # _____	_____
Container 2 # _____	_____

If the meter(s)/container(s) and service(s) are to be reinstated, customer must call two (2) business days prior to the desired reconnect. There is no fee for a reconnect/redelivery. For reconnects, please call 942-1104 ext. 1.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date