



5 N. Garden Ave. * P.O. Box 99 * Rock Island, WA 98850 * (509) 884-1261

APPLICATION FOR WATER/SEWER SERVICE

NAME _____ PHONE # _____

SPOUSE'S NAME _____ PHONE # _____

PHYSICAL ADDRESS _____

MAILING (if different) _____

NAME OF PROPERTY OWNER _____

ADDRESS _____

PHONE _____

I understand that I will be billed on the first of each month for charges incurred for water usage of the previous month and a \$7.50 late fee will be charged if payment is not received by City Hall on the last business day of each month.

I understand that there is a one-time \$20.00 set-up fee will appear on my first bill.

**Payments can be made Online at WWW.Rockislandwa.gov,
in person, or in our drop box located outside city hall**

OCCUPANCY DATE: _____

SIGNATURE _____ DATE _____

1ST BILLING DATE _____ ACCOUNT # _____



5 N. GARDEN AVENUE * P.O. BOX 99 * ROCK ISLAND, WA 98850
(509) 884-1261 * treasurer@rockislandwa.gov

DOG LICENSE APPLICATION

Owner Name: _____ Date: _____

Owner Address: _____

Mailing Address: _____

Owner Phone Number: _____

Pet Names: _____

Male: _____ OR Female: _____ Dog License # _____ Age _____

Breed _____ Color _____

Spayed or Neutered: Y _____ N _____, if yes, please provide verification

Microchipped: Y _____ N _____, if yes, please provide verification

Please Check one

Registration Fee if Spayed/Neutered and Chipped \$5.00 _____

Registration Fee if Chipped Only \$7.00 _____

Registration Fee if Spayed/Neutered Only \$10.00 _____

Registration Fee for all other dogs \$20.00 _____