

START/STOP SERVICE APPLICATION

Moves can also be completed online at PSE.com



Please print

APPLICANT INFORMATION (CUSTOMER)

NAME				START DATE OF SERVICE	
NEW SERVICE ADDRESS: (INCLUDING UNIT # IF APPLICABLE)					
CITY			STATE	ZIP	
HOME/CELL PHONE			EMAIL		
PROVIDE ONE:	LAST FOUR OF SSN	DATE OF BIRTH	DRIVERS LICENSE #	PASSPORT	MILITARY ID
MAILING ADDRESS (IF DIFFERENT)					
CITY			STATE	ZIP	
CURRENT EMPLOYER					
PHONE			PHONE		
PREVIOUS ADDRESS					
CITY			STATE	ZIP	

CO-APPLICANT INFORMATION

NAME					
HOME/CELL PHONE			EMAIL		
PROVIDE ONE:	LAST FOUR OF SSN	DATE OF BIRTH	DRIVERS LICENSE #	PASSPORT	MILITARY ID
MAILING ADDRESS (IF DIFFERENT)					
CITY			STATE	ZIP	
CURRENT EMPLOYER					
PHONE			PHONE		
PREVIOUS ADDRESS					
CITY			STATE	ZIP	

SIGNATURES

I CONFIRM BY SIGNING THIS SERVICE APPLICATION, I AGREE AND ACKNOWLEDGE THAT I AM APPLYING FOR UTILITY SERVICE WITH PUGET SOUND ENERGY AND AM RESPONSIBLE FOR ANY CHARGES INCURRED AT THIS LOCATION.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT	DATE
SIGNATURE OF MANAGER OR OWNER	DATE

MANAGEMENT/COMPLEX CONTACT INFORMATION - COMPLETION OF ALL FIELDS REQUIRED

NAME OF MANAGEMENT/COMPLEX Port Washington Apartments		
ADDRESS OF MANAGEMENT/COMPLEX 1900 Naval Ave, Bremerton, WA 98312		
PHONE 360.377.3664	FAX	EMAIL info@portwashingtonapartments.com

MOVE-OUT INFORMATION

MOVE OUT DATE	ADDRESS	
TENANT'S FORWARDING ADDRESS		
CITY	STATE	ZIP

1400 06/12 Tenant Move Out Signature _____ Date _____