



City of Bainbridge Island
Utility Service Change Form

SECTION I. CHANGE INFORMATION

Date of Change: _____
(Please indicate date the change is to be effective.)

Start service OR Stop Service

Service Address: _____
Bainbridge Island, WA 98110

Who is completing this form?

Owner (Owners are copied on delinquent accounts)

Tenant

- Owner Name: _____
- Tenant 1 Name: _____
- Tenant 2 Name: _____

SECTION II. BILLING/FORWARDING INFORMATION

Billing/Forwarding Address: _____
Mailing Address

*A mailing address for billing/final
billing must be provided.*

_____ Mailing Address

_____ City State Zip

Phone: _____ Phone: _____

Email: _____

Email: _____

Completed forms and questions should be directed to:

Utility Billing
City of Bainbridge Island
280 Madison Ave N
Bainbridge Island, WA 98110
(206) 780-8603
finance@bainbridgewa.gov