

City of Cle Elum
119 West First Street
Cle Elum, WA 98922



Phone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

*Welcome to the City of Cle Elum!
This form is to set up your water, sewer, and garbage utility services.*

Service Location: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Email: _____

If you recently bought property:
what was/is your closing date? _____, and
who was/is your closing title company: _____

GARBAGE IS MANDATORY IN THE CITY LIMITS

Please select your preferred container size below:

20 GAL ___ 35 GAL ___ 64 GAL ___ 96 GAL ___

Completion of the following information is voluntary. The following data is collected for Federal statistical purposes only. Please indicate on the following racial categories for this application:

Black ___ Hispanic ___ Asian ___ Alaskan/Native American ___ Caucasian ___

This information will assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it. The Association is required to note the race of individual applicants on the basis of visual observation or surname. This is an equal opportunity program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, and Washington D.C. 20250-0700

Signature of Owner 1 _____

Signature of Owner 2 _____

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Official Use Only : New Account Number _____