



CHANGE EXISTING CONTACT FORM

Street Use Permit Number (REQUIRED):

Project Address (REQUIRED):

Complete only the section(s) for which the contact needs to be changed.

Please indicate the contact(s) to be changed below:

- | | |
|--|---|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> On-Site Contact |
| <input type="checkbox"/> Financially Responsible Party | <input type="checkbox"/> Additional Contact |
| <input type="checkbox"/> Owner | <input type="checkbox"/> All Contacts |

1 EXISTING APPLICANT INFORMATION

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

2 NEW APPLICANT INFORMATION

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

3 EXISTING FINANCIALLY RESPONSIBLE PARTY

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

4 NEW FINANCIALLY RESPONSIBLE PARTY

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

5 EXISTING OWNER

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

6 NEW OWNER

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

7 EXISTING ON SITE CONTACT

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

8 NEW ON SITE CONTACT

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

9 EXISTING ADDITIONAL CONTACT TYPE

- Arborist Authorized Agent Contractor
 Architect Contact Engineer
 Vending Operator

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

10 NEW ADDITIONAL CONTACT TYPE

- Arborist Authorized Agent Contractor
 Architect Contact Engineer
 Vending Operator

Name:	
Company (if applicable):	
Mailing Address (include City, State, ZIP Code):	
Home or Office Phone:	Mobile:
Email Address:	

11 TERMS AND CONDITIONS

Financially Responsible Party Designation: The new Financially Responsible Party identified on this request form shall be responsible for Street Use fees associated with this permit including review; inspection; and annually renewing fees.

Requestor: I declare under penalty of perjury under the laws of the State of Washington that the information provided is correct and complete, and I have the authority to bind the Owner to these terms and conditions.

Acceptance of terms, conditions, and requirements: The Owner shall accept the terms, conditions, and requirements of the contact change and agrees to comply with all applicable City laws and rules, including but not limited to Title 15 SMC, and all applicable state and federal laws.

SIGNATURE OF REQUESTOR

Signature:	Date:
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NOTE TO CUSTOMER: Billing responsibility changes will go into effect during the first week of the next month's Street Use billing cycle.

NOTE: If the Owner or Financially Responsible Party is changing, the NEW Owner or Financially Responsible Party must sign and date below.

SIGNATURE OF NEW OWNER OR FINANCIALLY RESPONSIBLE PARTY

Name:	Signature:	Date:
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