



PORT of KENNEWICK

TRANSFER REQUEST FORM

DATE OF TRANSFER REQUEST: _____

NON-REFUNDABLE, TRANSFER FEE OF \$50.00 RECEIVED: _____

TENANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: HOME: _____ CELL: _____ WORK: _____

Please circle the best number to reach you during the day.

DATE VACATED: _____

PRESENT SLIP # _____

DESIRED SLIP:

REASON FOR MOVING: _____

CURRENT RATE W/LEASEHOLD TAX: \$ _____
\$ _____

NEW RATE W/LEASEHOLD TAX:

ELECTRICITY READING FOR PRESENT SLIP _____ ELECTRICITY READING FOR NEW
SLIP _____

TENANT SIGNATURE _____

| | |
|------------------------|--|
| OFFICE USE ONLY: | |
| KEYS TRANSFERED | |
| ADDED TO LEASE CHANGES | |