



PORT of KENNEWICK  
*Open for Business!*

## 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 \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
KEYS TRANSFERED	
ADDED TO LEASE CHANGES	