

CITY OF WALDPOR
P.O. BOX 1120
WALDPOR, OR 97394
PH: (541)264-7417 FAX: (541)264-7418

APPLICATION FOR WATER/SEWER SERVICE

Please note that new service will not be activated until all outstanding bills at this address have been paid in full

PROPERTY OWNER/
PROPERTY MANAGER NAME: _____ EFFECTIVE DATE: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NO: _____

ACCOUNT ORIGINATION INFORMATION

A CHANGE IN OWNERSHIP REQUIRES A NON-REFUNDABLE \$25 FEE.

PLEASE BILL ON THE FIRST BILLING _____ I WOULD LIKE TO PAY IN ADVANCE _____

RENTER INFORMATION

_____ I REQUEST THAT THE RENTER RECEIVE A COPY OF THE BILL (Please note that it is the homeowner's responsibility to apportion the beginning and ending bills between themselves and the renter.)

RENTER'S NAME: _____

RENTER'S MAILING ADDRESS: _____

RENTER'S TELEPHONE NO.: _____

COMMENTS: _____

I hereby request that the City of Waldport provide the above utility service and agree to assume responsibility for all charges for service and to comply with all City regulations related to those utilities, as now exist or may be amended. I understand that any delinquent bills shall be and become a lien against said premises. If collection becomes necessary, I understand I will be responsible for costs and reasonable attorney fees incurred by the City, including costs and fees for any trial and/or appeal, as assessed by the Court.

Date _____

Owner's or Authorized Agent's Signature