

City of Umatilla

WATER/SEWER/REFUSE SERVICE APPLICATION

(PLEASE PRINT)

Applicant: _____
 last first middle initial

Home Phone: _____

Place of Employment: _____

Phone: _____

Co-applicant: _____

Phone: _____

Co-applicant's Employment: _____

Phone: _____

Service Address: _____

Owner: _____ Renter: _____
(Check One)

Mailing Address: _____
 Number Street

 City State Zip

Applicant's Drivers License # _____

State: _____

Emergency Contact Name: _____

Phone: _____

Agent/Property Owner: _____

Phone: _____

Address: _____

Services: Water _____ Sewer _____ Garbage _____

I hereby agree to pay all utility bills for such service when due, and abide by all Ordinances regulating the use of City water and sewer service and any other rules and regulations which may be adopted by the City Council concerning said services. A deposit of \$100.00 and an initial \$10.00 account set up fee is required. Lien Advisory: Unpaid balances from a previous customer will become a lien on the property after 60 days. I understand and agree to the above requirements.

Signature

TTY dial 1-800-735-2900 for Oregon Relay Services Assistance.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250

OFFICE USE

EQUAL PAYMENT AMOUNT: _____ (Ask Clerk)

Welcome Letter _____

Effective Date _____

Receipt Number _____

Date Paid _____

ACCOUNT #: _____

NOTES: _____