

**CITY OF WALDPOR**  
**P.O. BOX 1120**  
**WALDPOR, OR 97394**  
**PH: (541)563-3561**

**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