

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

**APPLICATION FOR WATER/SEWER SERVICE**

**PROPERTY OWNER:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

**ACCOUNT ORIGATION INFORMATION**

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

Initial here to acknowledge \$25 fee \_\_\_\_\_

**RENTER / PROPERTY MANAGEMENT INFORMATION:**

\_\_\_\_\_ I REQUEST THAT THE **RENTER / PROPERTY MANAGER** 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.)

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**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