



APPLICATION FOR WATER & SEWER SERVICE

(Please Print Clearly)

Date to Begin Service: _____

- Inside City Limits
- Outside City Limits

Service Address: _____

Type of Water Service:

- Single-Family Residence
- Multi-Family Residence # of Units _____
- Church, Lodge, Club
- Café/Restaurant/Beverage
- Industrial
- Service Station
- General Commercial

Type of Sewer Service:

- Single-Family Residence
- Multi-Family Residence # of Units _____
- Church, Lodge, Club
- Café/Restaurant/Beverage
- Industrial
- Service Station
- General Commercial

PROPERTY OWNER/PURCHASER INFORMATION

Name: _____

Mailing: _____
Address City State Zip

Phone: () _____ **Identification No.** _____

RENTER/PERSON TO RECEIVE MONTHLY BILLING

(If different than Owner/Purchaser)

Name: _____

Mailing: _____
Address City State Zip

Phone: () _____ **Identification No.** _____

CERTIFICATION OF OWNER/PURCHASER AND/OR OCCUPANT

Applicant agrees to comply with the rules and regulations or restrictions of the City of Amity pertaining to water and sewer services now in effect and which will be in effect in the future. Applicant agrees to pay all charges before they become past due.

If this property is not occupied by the owner, the owner agrees to be responsible for applicant's water and sewer bills and the owner consents to the transfer of the city's claim against the applicant to the owner. Owner further agrees that unpaid utility bills and charges will be a lien against the property.

It is further understood that the \$150.00 deposit required will be available for refund only after a two-year satisfactory payment history has been established or when the account is terminated by the applicant/owner. This agreement is to remain in effect until owner or applicant cancel the service in writing.

Property Owner/Management Company Signature

Date

Tenant or Occupant Signature

Date

Additional Tenant or Occupant Signature (if Applicable)

Date

For Office Use Only!!

Deposit Amount : \$ _____ Date Received: _____

Receipt No.: _____ Available Refund Date: _____ Date Refunded: _____

Received By: _____

Location No. _____ Beginning Meter Read: _____ Account No. _____

CITY OF AMITY WATER & SEWER OFFICE

P.O. Box 159 ~ 109 Maddox Ave • Amity, OR 97101 • (503) 835-3711

