

CITY OF PORT ORFORD

WATER AND SEWER SERVICE REQUEST

NAME: _____

MAILING ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

LAST SERVICE ADDRESS: _____

CITY AND STATE: _____

NOTICE TO RENTERS: A \$200.00 SERVICE SECURITY DEPOSIT IS REQUIRED BEFORE WATER AND SEWER SERVICE WILL BEGIN. THE DEPOSIT WILL BE APPLIED TO THE LAST BILLING UPON MOVING OUT OF THE RENTAL.

TURN ON DATE: _____ MOVE-IN DATE: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

OWNER NAME: (if different from above) _____

OWNER ADDRESS: _____

OWNER PHONE: _____

I am requesting water and sewer service at the above address. I understand I am responsible for all sewer and water billings at the above service address until I request and sign a Service Disconnection notice.

SIGNED: _____

DATE: _____