



**UTILITY
SERVICE
APPLICATION**

ACCOUNT NUMBER

START SERVICE

STOP SERVICE

OTHER

EFFECTIVE DATE

SERVICE ADDRESS			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
PO BOX/ MAILING OR FORWARDING ADDRESS			
CITY		STATE	ZIP CODE
(AREA CODE) DAYTIME TELEPHONE	(AREA CODE) EVENING TELEPHONE	(AREA CODE) CELL PHONE NUMBER	
REQUESTED BY <input type="checkbox"/> OWNER <input type="checkbox"/> RENTER (as required by owner)	IF RENTER, ENTER OWNER/PROPERTY INFORMATION	OWNER OR PROPERTY MANAGER MAILING ADDRESS CITY	PHONE NUMBER STATE ZIP CODE

I agree to comply with the City's regulations regarding City water, sanitary sewer and storm sewer services. (The City's regulations, Troutdale Municipal Code Title 12, can be viewed at www.troutdale.info or at City Hall) I understand that I am responsible for paying the bills for City water, sanitary sewer and storm sewer services and that the water service will be terminated if the bills for these services are not paid. I understand that a lien will be imposed on the property for these services.

Signature _____ **Date** _____

OFFICE USE ONLY		
In person:	Meter # _____	Zip + 4 _____
Faxed:	Date to PW _____	Delivery Pt _____
Mailed:	Read from PW _____	Carrier Rt _____
	Previous Read _____	Doorhanger _____

City of Troutdale, 104 SE Kibling Avenue, Troutdale, Oregon 97060-2012
Phone (503) 674-7232 Fax (503) 667-6403 or (503) 667-0524 TDD/TTY (503) 666-7470
Pay bills online at www.troutdale.info