



**UTILITY
SERVICE
APPLICATION**

ACCOUNT NUMBER

MOVE IN

MOVE OUT

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

RENTER

PROPERTY MANAGER

OWNER:

~ OCCUPIED

~ RENTAL PROPERTY

IF RENTER, ENTER
OWNER/PROPERTY
INFORMATION

OWNER OR PROPERTY MANAGER

PHONE NUMBER

MAILING ADDRESS

CITY

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

Meter # _____

Zip + 4 _____

Date to PW _____

Delivery Pt _____

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