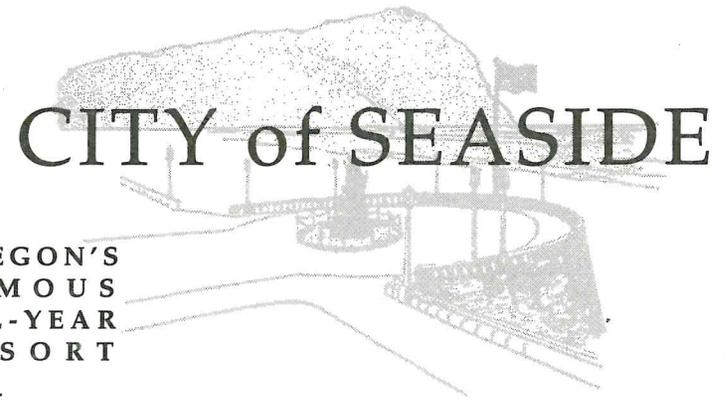


CITY OF SEASIDE WATER/SEWER DEPARTMENT
989 BROADWAY • SEASIDE, OR 97138
503-738-5511



DATE OF SERVICE: _____ ACCOUNT #: _____

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned property owner requests the City to supply water and/or sewer service, if available, to the property address listed above. The property owner agrees to pay the amount billed within 15 days after billing date. If the bill is not paid within 40 days of the billing date a 10% late charge will be assessed to the account. Failure to make payments in a timely manner may cause termination of the service. A reconnect fee of \$75.00 may be charged.

Should the property owner choose to change the bill into the name of a tenant & the tenant does not pay the bill, the property owner is still responsible for any & all unpaid bills for this property. An unpaid balance on the account is considered a lien against the property.

The property owner agrees to abide by all City rules & regulations stipulated in the City Water & Sewer Code of Ordinances. A copy of Ordinances, rates, rules & regulations may be obtained upon request at City Hall.

PROPERTY OWNER: _____
 Signature

SET METER	REMOVE METER	METER SERVICE		CHANGE OF NAME ONLY	CHANGE METER	SPECIAL READING	NEW TAP	
		TURN ON	TURN OFF				TURN ON	TURN OFF
METER DATA	NAME		OUR NUMBER	METER SIZE	READING	SIZE OF SERVICE		
NEW METER								
OLD METER								

REMARKS Please sign & return this form within 10 days so that we can update our files. Thank you.

OFFICE DATA		FIELD DATA
ISSUED BY	DATE	SERVICE TECHNICIAN

**OREGON'S
 FAMOUS
 ALL-YEAR
 RESORT**

Date: _____

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity

- American Indian/Alaska Native
- Asian/Pacific Islander/Filipino
- Black, Non-Hispanic
- Caucasian
- Hispanic
- Do not wish to provide

How many people reside in the household? _____

Name _____

Address _____

Account # _____