



City of Clatskanie
75 S Nehalem St.
PO BOX 9
Clatskanie, OR 97016
Office: 503-728-2622
Fax: 503-728-3297

APPLICATION FOR WATER SERVICE

DATE: _____ DATE SERVICE REQUESTED _____

APPLICANT NAME(S): _____

LOCATION OF PROPERTY SERVED: _____

MAILING ADDRESS (IF DIFFERENT): _____

HOME PHONE: _____ ALTERNATE PHONE: _____

Person's name who can be reached at alternate number: _____

E-MAIL ADDRESS: _____

I have read the rules and regulations on the reverse side and understand they will be strictly enforced by the city as a **condition** of continued water service.

SIGNATURE(S): _____ DATE: _____

OWNER

RENTER (*see immediately below)

*If an applicant is not the owner of the property for which service is being requested, the owner must also sign the application:

I, (print name) _____, am the owner of the property for which water service is being requested. If the applicant fails to make payments in accordance with the rules, regulations and ordinances of the City of Clatskanie, I agree to be liable for those charges.

_____ Date: _____

(Signature of Rental Property Owner of Agent)

Owner/Agent E-mail _____

Owner/Agent Mailing Address: _____

Owner/Agent Contact No.: _____

New Account Number: _____