



**UTILITY
SERVICE
APPLICATION**

ACCOUNT NUMBER

MOVE IN

MOVE OUT

OTHER

EFFECTIVE DATE

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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"/> RENTER <input type="checkbox"/> PROPERTY MANAGER OWNER: ~ OCCUPIED <input type="checkbox"/> ~ RENTAL PROPERTY <input type="checkbox"/>	IF RENTER, ENTER OWNER/PROPERTY INFORMATION	OWNER OR PROPERTY MANAGER MAILING ADDRESS CITY STATE ZIP CODE	PHONE NUMBER ZIP CODE
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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, 219 E. Historic Columbia River Hwy., Troutdale, Oregon 97060-2012
Phone (503) 674-7232 Fax (503) 667-6403 TDD/TTY (503) 666-7470
Pay bills online at www.troutdale.info