

WATER/SEWER SERVICE APPLICATION

CITY OF AURORA

21420 Main Street NE
Aurora, OR 97002
503.678.1283 FAX-503.678.2758

**A \$150 DEPOSIT MUST BE PAID BEFORE THIS APPLICATION WILL BE PROCESSED.
PLEASE MAKE CHECKS PAYABLE TO "CITY OF AURORA."**

Applicant: All spaces MUST be complete (Please print)

DATE TO BEGIN SERVICE: _____ I AM THE OWNER _____ TENANT/RENTER _____

APPLICANT NAME: _____ HOME PHONE: _____

DRIVER'S LICENSE #: _____ / _____ SOCIAL SECURITY #: _____ - _____ - _____
State

STREET ADDRESS OF SERVICE: _____

MAILING ADDRESS: _____
Street/PO Box City State Zip

PREVIOUS ADDRESS: _____
Street City State Zip

EMPLOYER: _____ Work Phone: _____

Address: _____
Street City State Zip

Co-Applicant: All spaces MUST be complete (Please print)

CO-APPLICANT (SPOUSE/SIG. OTHER) NAME: _____

DRIVER'S LICENSE #: _____ / _____ SOCIAL SECURITY #: _____ - _____ - _____
State

I (We) assume full responsibility for all bills incurred while residing at this address. I (We) understand all unpaid bills for water service will result in termination of service and be assessed as a lien against this property.

SIGNATURE OF APPLICANT: _____ DATE: _____

EMERGENCY CONTACT PHONE #: _____ # OF PEOPLE IN HOUSEHOLD: _____

**If the applicant is NOT the owner of the property, the reverse side MUST be completed.
The owner of the property MUST co-sign this application.**

OFFICE USE ONLY: DATE RECEIVED: _____ METER #: _____

DEPOSIT PD: _____
FINAL METER READ-PREVIOUS RESIDENT: _____
ENTERED INTO SYSTEM: _____

BEGIN SERVICE DATE: _____ END SERVICE DATE: _____

Owner (other than occupant): All spaces must be complete (Please print) Owner must co-sign application

PROPERTY OWNER NAME: _____ PHONE: _____ H or C

MAILING ADDRESS: _____
Street/PO Box City State Zip

DRIVERS LICENSE #: _____ / _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
State

I (We) understand all unpaid bills for water service will be assessed as a lien against this property.

SIGNATURE OF OWNER: _____ DATE: _____

Initial one: _____ Please leave water on during vacancy periods and bill me.

_____ Please disconnect water when tenant vacates.

Property Management Company: All spaces must be complete (Please print)

PROPERTY MANAGEMENT COMPANY: _____

CONTACT NAME: _____

MAILING ADDRESS: _____
Street City State Zip

PHONE NUMBER: _____ FAX NUMBER: _____