



UTILITY SERVICE APPLICATION

ACCOUNT NUMBER

MOVE IN

MOVE OUT

OTHER

EFFECTIVE DATE

SERVICE ADDRESS

FIRST NAME **MIDDLE INITIAL** **LAST NAME**

MAILING ADDRESS

CITY **STATE** **ZIP CODE**

(AREA CODE) DAYTIME TELEPHONE **(AREA CODE) CELL PHONE NUMBER** **EMAIL ADDRESS**

PROPERTY MANAGER/OWNER **PHONE NUMBER**

REQUESTED BY:

RENTER PROPERTY MANAGER OWNER

IF RENTER, PLEASE COMPLETE THIS SECTION

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.troutdaleoregon.gov 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 97060-2078
 Phone (503) 674-7232 Fax (503) 667-6403 TDD/TTY (503) 666-7470
 Pay bills online at www.troutdaleoregon.gov Utility Clerk's email - susan.huwe@troutdaleoregon.gov