

In: wksht\_\_ Move In\_\_ Dpst\_\_ MR\_\_ Code\_\_ Change Owner\_\_ Ln Bk\_\_ WO\_\_ **Account #** \_\_\_\_\_  
 Out: wksht\_\_ Move Out\_\_ MR\_\_ Bill\_\_ Issue\_\_ Dpst\_\_ Code\_\_ Change Owner\_\_ Ln Bk\_\_ WO\_\_ **FOR OFFICIAL USE**



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[www.aumsville.us](http://www.aumsville.us)

## Water/Sewer Services Application Form

Property Owners complete Section A, Section C if using a management company

Tenants complete only Section B

**Instructions:** Complete this agreement in its entirety and sign. Submit completed copy to City Hall. Submit a copy of a piece of government issued, photo identification. Applicants must be 18 years of age or older to open an account with the City (per ORS 109.510 & 653.10.4)

Section A: Property Owner's		Section B: Tenant Information	
Full Name:	Start Date of Service:	Full Name:	Start Date of Service:
Mailing Address:		Mailing Address:	
Street Address:		Street Address:	
Driver's License #:	Birthdate:	Driver's License #:	Birthdate:
Main Phone Number:		Main Phone Number:	
Cell Phone Number:		Alternate #:	
Email:		<b>Section C: Property Management Company's</b>	
Emergency Contact: (Name and Phone #)		CompanyName:	
		Mailing Address:	
		Contact Person/Dept.:	
Do you use a property management company for your properties? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Section C of this agreement		Federal Identification #:	
		Phone Numbers: Business: _____ Alternate #: _____	

### Properties Covered (Include a separate page if you have more than 3 properties)

Service Address	Date Purchased	Using Property Manager?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Property Owners' Direction to City (Please initial where applicable)

I/We **allow tenants to have an account in their name**. I/we understand that they may be charged a utility deposit and that I/we will receive copies of the tenant's Past Due Notice and other delinquent account notices, and that services shall be discontinued without further notice if the account remains unpaid after the due date on the Past Due Notice. I/we further understand that service will only be restored after all charges, fees, penalties, interest and deposits billed or billable have been paid in full.

**AGREEMENT CONTINUED ON BACK**

*Aumsville is an equal opportunity provider.*

Deposit [ ] Refund [ ] Date _____		<b>Chkd for Liens [ ]</b>	
<b><u>IN</u></b>	DATE IN _____	<b><u>OUT</u></b>	DATE OUT _____
	RECEIPT NO. _____		CHECK NO. _____
	AMOUNT _____		AMOUNT _____
	REC. DATE _____		CHECK DATE _____