



# CITY OF SUTHERLIN

## Water/Sewer Hookup Application

Please Print

Today's Date: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Landlord: \_\_\_\_\_

Service Location: \_\_\_\_\_ Phone No: \_\_\_\_\_

### First Applicant

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Mi

Mailing Address: \_\_\_\_\_  
Street City State Zip

Social Security No: \_\_\_\_\_ Driver's License No. /  
State ID Card: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone No: \_\_\_\_\_ Credit Reference: \_\_\_\_\_

*For City Use - Do Not Fill In*

Identity Check Information :

### Other Responsible Individual

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Mi

Mailing Address: \_\_\_\_\_  
Street City State Zip

Social Security No: \_\_\_\_\_ Driver's License No. /  
State ID Card: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone No: \_\_\_\_\_ Credit Reference: \_\_\_\_\_

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Identity Check Information :

The City of Sutherlin or its agents shall not be liable for service delays of stoppages not reasonably within its control. The customer agrees to notify the Water Department at least two days in advance when service is to be discontinued; otherwise he/she will be held responsible for charges until the department is notified. If a closed delinquent account is sent to collections, an equivalent cost to the collection fees will be added to that account.

**Customers' Signatures**

\_\_\_\_\_  
*Signature* *Printed*

\_\_\_\_\_  
*Signature* *Printed*

\_\_\_\_\_  
*Signature* *Printed*

\_\_\_\_\_  
*Signature* *Printed*

***City Information Do Not Fill In***

Deposit #:	_____	Deposit Amount \$:	_____	Deposit Date:	_____
Account #:	_____	Register #:	_____	Meter #:	_____
MXU #:	_____	Longitude #:	_____	Latitude #:	_____

\_\_\_\_\_  
Date Closed: \_\_\_\_\_ Closing Bill: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_ Deposit: \_\_\_\_\_

Deposit Return Date: \_\_\_\_\_ Balance/Refund: \_\_\_\_\_