

City of Sutherlin
Water/Sewer Hookup/Commercial

PLEASE PRINT

Move in Date: _____

Today's Date: _____

Service Location: _____

Business Name: _____

Mailing Address: _____

Owner/Mgr.: _____ Driver's Lic #: _____

Phone No.: _____ SSN: _____ Date of Birth: _____

Type of Business: _____

Previous Address: _____ City: _____

Nearest Relative: (Not living with you) Name: _____

Address: _____ City/State: _____

Phone: _____ Relationship: _____

Credit Reference: _____

Bank: _____ Branch: _____

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, a \$25.00 fee will be added to that account.

CUSTOMER'S SIGNATURE

* _____

City information do not fill in

Deposit #: _____ Amt: _____ Date: _____ Register # _____

Account #: _____ MXU #: _____ Meter #: _____

Date Closed: _____ *Closing Bill* _____

Forwarding Address: _____ *Deposit* _____

Balance/Refund _____

Deposit Return Date: _____ *Check #:* _____