



CITY OF SUTHERLIN
Water/Sewer Hookup Application

Please Print

Today's Date: _____ Move in Date: _____

Service Location: _____ Landlord: _____

Applicant #1

Full Name: _____ Date of Birth: _____
Last First Mi

Mailing Address: _____
Street City State Zip

Social Security No: _____ Driver's License No: _____
State ID Card No: _____

Phone No: _____ Cell _____ Bank: _____

Employer: _____ City: _____

Nearest Relative: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: _____

For City Use Only – Identity Check Info

Applicant #2

Full Name: _____ Date of Birth: _____
Last First Mi

Mailing Address: _____
Street City State Zip

Social Security No: _____ Driver's License No: _____
State ID Card No: _____

Phone No: _____ Cell _____ Bank: _____

Employer: _____ City: _____

Nearest Relative: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: _____

For City Use Only- Identity Check Info:

The City of Sutherlin or its agents shall not be liable for service delays or 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 of the collection fees will be added to that account. Prior to opening account all previous closed accounts must be paid in full.

Customer's Signatures

Signature *Printed*

Signature *Printed*

City Information Only - Do not fill in

Deposit #: _____ Deposit Amount \$: _____ Deposit Date: _____

Account #: _____ Register#: _____ Meter #: _____

MXU #: _____ Longitude #: _____ Latitude #: _____

Date Closed: _____

Forwarding Address: _____

Closing Bill: _____

Deposit: _____

Balance / Refund: _____

Deposit Return Date: _____