



City of Sutherlin

Residential Water/Sewer Application

Please Print

Today's Date: _____

Move In Date: _____

Service Location: _____

Landlord: _____

Phone No: _____

First Applicant

Full Name: _____ **Date of Birth:** _____
Last First MI

Mailing Address: _____
Street City State Zip

Social Security No: _____ **Driver's License/State ID No:** _____

Previous Address: _____
Street City State Zip

Bank Name & Branch: _____

Employer: _____ **City:** _____

Nearest Relative: _____ **Relationship:** _____

Address: _____
Street City State Zip

Phone: _____

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/State ID No:** _____

Previous Address: _____
Street City State Zip

Bank Name & Branch: _____

Employer: _____ **City:** _____

Nearest Relative: _____ **Relationship:** _____

Address: _____
Street City State Zip

Phone No: _____

For City Use – Do Not Fill In Identity Check Information:

The City of Sutherlin or its agents shall not be liable for service delays of stoppages not reasonable 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.

Send completed form to: finance@ci.sutherlin.or.us

Customers' Signatures

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: _____

Balance/Refund: _____

Deposit Return Date: _____