

CITY OF MADRAS



71 SE D STREET

MADRAS, OR 97741-1605

541-475-2344 • FAX 475-7061

WATER/SEWER SERVICE APPLICATION

DATE: _____ DATE OF REQUESTED SERVICE _____

NAME: _____ PHONE: _____ I.D.# _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

PREVIOUS ADDRESS: _____

APPLICANTS EMPLOYER _____

RENTAL? Y N OWNER'S NAME _____ PHONE _____

WATER SERVICE WILL BE AVAILABLE WITH IN 24 HOURS OF REQUEST. A DEPOSIT IS REQUIRED ON ALL NEW RENTAL ACCOUNTS. UPON CUSTOMER'S REQUEST, DEPOSITS MAY BE CREDITED TO THE ACCOUNT AFTER TWO YEARS OF GOOD PAYMENT PRACTICES WITH NO DELINQUENCIES. PAYMENTS ARE DUE ON THE 10TH OF EACH MONTH.

BY SIGNING THIS APPLICATION, I FULLY UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT

Customer's Signature

FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____ WATER/SEWER _____ SEWER ONLY _____

TURN METER: ON _____ OFF _____ READING _____

DEPOSIT: AMOUNT _____ RECEIPT _____ CHECK# _____ CASH _____ CREDIT CARD _____

TRANSFERRED FROM: _____

APPLICATION TAKEN BY: _____

COMMENTS: _____

COUNCIL

MEETS SECOND & FOURTH TUESDAY EACH MONTH

The City of Madras is an Equal Opportunity Provider