

WATER/SEWER SERVICE APPLICATION

CITY OF AURORA

21420 Main Street NE

Aurora, OR 97002

503.678.1283 FAX-503.678.2758

**A \$150 DEPOSIT/FEE MUST BE PAID BEFORE THIS APPLICATION WILL BE PROCESSED.
PLEASE MAKE CHECKS PAYABLE TO "CITY OF AURORA."**

All spaces MUST be complete (Please print)

DATE TO BEGIN SERVICE: _____

APPLICANT NAME: _____ PHONE: _____

SOCIAL SECURITY # _____ I AM THE OWNER _____ TENANT/RENTER _____

DRIVER'S LICENSE #: _____ / _____ E-mail: _____
State

STREET ADDRESS OF SERVICE: _____

MAILING ADDRESS: _____
Street/PO Box City State Zip

PREVIOUS ADDRESS: _____
Street City State Zip

EMPLOYER: _____ Work Phone: _____

Address: _____
Street/PO Box City State Zip

CO-APPLICANT (SPOUSE/SIG. OTHER) NAME: _____

Co-Applicant: SOCIAL SECURITY # _____ PHONE: _____

DRIVER'S LICENSE #: _____ / _____ E-Mail: _____
State

I (We) assume full responsibility for all bills incurred while residing at this address. I (We) understand all unpaid bills for water service will result in termination of service and be assessed as a lien against this property.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF CO-APPLICANT: _____ DATE: _____

EMERGENCY CONTACT/PHONE #: _____

OF PEOPLE IN HOUSEHOLD: _____

**If the applicant is NOT the owner of the property, the reverse side MUST be completed.
The owner of the property MUST co-sign this application.**

OFFICE USE ONLY:

DATE RECEIVED: _____

DEPOSIT PD: _____

BEGIN SERVICE DATE: _____

FINAL METER READ-PREVIOUS RESIDENT: _____

ENTERED INTO SYSTEM: _____

Owner (other than occupant): All spaces must be complete (Please print) Application must be co-signed.

PROPERTY OWNER NAME: _____ PHONE: _____ H or C

MAILING ADDRESS: _____
Street/PO Box City State Zip

DRIVERS LICENSE #: _____/_____ E-mail: _____
State

I (We) understand all unpaid bills for water service will be assessed as a lien against this property.

SIGNATURE OF OWNER: _____ DATE: _____

Initial one: _____ **Please leave water on during vacancy periods and bill me.**
_____ **Please disconnect water when tenant vacates.**

Property Management Company: All spaces must be complete (Please print)

PROPERTY MANAGEMENT COMPANY: _____

CONTACT NAME: _____

MAILING ADDRESS: _____
Street City State Zip

PHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE OF PROPERTY MANAGER: _____ DATE: _____

Initial one: _____ **Please leave water on during vacancy periods and bill owner.**
_____ **Please disconnect water when tenant vacates.**