



# City of Sutherlin Water/Sewer Hookup Application

Please Print

Today's Date: \_\_\_\_\_

Est. Move In Date: \_\_\_\_\_

Service Location: \_\_\_\_\_

Own: \_\_\_\_ Rent: \_\_\_\_ (Additional Information on reverse)

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

### 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:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_

*For City Use – Do Not Fill In* Identity Check Information: \_\_\_\_\_ Assessor Information Verified: \_\_\_\_\_

### Other Responsible Individual

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First MI

**Phone No:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

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

**Landlord Information:**

**Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

Copy of Rental Agreement Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Be advised that should this account become 30 days past due, all relevant account information can and will be shared with the Landlord/Property Owner.

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 City Hall/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, collection fees will be added to that account. Also, in accordance with Federal law, the City of Sutherlin does not discriminate on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity.

---

*Signature*

*Printed*

---

*Signature*

*Printed*

**Customers' Signatures**

**For City Use – Do Not Fill In Below this Line**

---

Acct #: \_\_\_\_\_ Deposit #: \_\_\_\_\_ Deposit Amt \$: \_\_\_\_\_ Deposit Date: \_\_\_\_\_

-----  
Date Closed: \_\_\_\_\_

Closing Bill: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance/Refund: \_\_\_\_\_

Deposit Return Date: \_\_\_\_\_