



70 N Pioneer St Box 430  
Lowell, Oregon 97452  
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Residential

## Utility Service Application

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

Daytime Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Homeowner \$120.00 ☐ CC ☐ Cash ☐ Check: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Renter \$120.00 ☐ CC ☐ Cash ☐ Check: \_\_\_\_\_ Date: \_\_\_\_\_

Service to begin: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**PROPERTY OWNER AUTHORIZATION: I hereby request water/sewer service begin at the above named property address as requested.**

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

METER NUMBER: \_\_\_\_\_ ACCT #: \_\_\_\_\_

METER READING: \_\_\_\_\_ RT. # \_\_\_\_\_ SEQ. # \_\_\_\_\_

NOTES: \_\_\_\_\_

\*\*\*RENTERS MUST PROVIDE A COPY OF A SIGNED DATED RENTAL AGREEMENT