

70 N Pioneer St Box 430 Lowell, Oregon 97452 Ph: 541-937-2157 Fax: 541-937-2936 E-mail: sdragt@ci.lowell.or.us

Residential Utility Service Application

Date:						Email:			
Daytime Phone Number:						Home Phone Number:			
Name of Applicant:									
Property Address:									
Mailing Address:									
City:									
	Homeowner	\$120.00			Cash		Check:	Date:	
	Renter	\$120.00			Cash		Check:	Date:	
Se	ervice to begin: _								
Property Owner:									
Mailing Address:									
City:						State:		Zip:	
						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:						<u> </u>	Date:		
FOR OFFICE USE ONLY									
	RECEIVED BY:				DA	TE:			
	METER NUMBER:			AC	ACCT #:				
	METER READING:				RT	. #	SEQ. #		
	NOTES:								
***RENTERS MUST PROVIDE A COPY OF A SIGNED DATED RENTAL AGREEMENT									

The City of Lowell is an equal opportunity, affirmative action institution committed to cultural diversity and compliance with the Americans with Disabilities Act.