



City of Dallas
 187 SE Court St, Dallas, OR 97338
 Phone: (503)-831-3508 Fax (503)-831-1485

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

Service Beginning Date _____

Today's Date _____

Service Address _____

Mailing Address (if different) _____

Own _____ Rent _____

Account Number Issued: _____

Applicant's Information (MUST BE PRESENT)	Co-Applicant Information (MUST BE PRESENT)
Name:	Name:
Driver's License Number:	Driver's License Number:
Social Security Number: XXX-XX-____	Social Security Number: XXX-XX-____
Phone Number:	Phone Number:
Applicant's Employer:	Applicant's Employer:
Address of Employment:	Address of Employment:
City, State, Zip:	City, State, Zip:
Emergency Contact Name & Phone Number:	Emergency Contact Name & Phone Number:

If you are renting please complete the following owner's information:

Service Order # _____

Property Owner's Information
Name:
Mailing Address:
City, State, Zip:
Phone Number:

I hereby agree to abide by all rules, regulations, and ordinances of the City pertaining to water/sewer service. I understand that all information on this application may be used for collection purposes. All delinquent charges must be paid prior to any new applicant receiving water/sewer service. **A deposit of \$125.00 and a new account fee of \$25.00 is required before service is turned on.** The deposit will be applied to the closing bill if you are a renter and applied to a owner's account after one year of payments with no late fees or upon the close of service. Any balance will be refunded to the customer. The deposit will **not** earn interest.

 Applicant's Signature Date

 Co-Applicant's Signature Date