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City of La Pine

PO Box 2460; 16345 Sixth Street, La Pine, Oregon 97739 Telephone No.: 541-536-1432; Facsimile 541-536-1462

Application for Water and Sewer Services

The applicant hereby applies for water and sewer services from the City of La Pine. Please complete, sign, and return this application prior to the date water and sewer service is requested.

Date of Application:	Date of Service Requested:
	Home Telephone No.:
	Billing Address:
	Employer's Address:
	Email Address:
Applicant is the [] Owner [] Manager/Agent [] Tenant	Have you received utility services before from the City? [] Yes [] No
	Location of Prior Services:
Is this Service for a newly constructed/completed home:	[] Yes [] NO
If utility services will be in the tenant's name, the propert below:	rty owner must provide the following information and sign the agreemen
Owner's Name:	Owner's Address:
Mailing Address:	Work Telephone No.:
Home Telephone No.:	Email Address:
	PLEASE NOTE
AGREE The applicant hereby requests that the City provide wate be responsible for all charges for services and compliance	O setup fee on ALL new accounts for administration fees. EMENT AND SIGNATURES ter and sewer services to the property identified above. The applicant ce with all rules, regulations, and ordinances of the City, including, with 2015-06, all as now existing or hereafter amended, adopted, promulgat
Applicant's Signature Date	te
ordinances of the City, including, without limitation, City (hereafter amended, adopted, promulgated, and/or estab the City for the full payment thereof, including, without li	ils to make any payments in accordance with the rules, regulations, and Ordinance Nos.: 2015-04, 2015-05, and 2015-06, all as now existing or blished from time to time, the owner will be jointly and severally liable to limitation, any late and/or penalty fees; and (b) by signing below, the owner the City's transfer of a claim against the applicant to the owner.
Owner's Signature Date	ie
For offi	fice use only
{14323234-00559447;1} Deposit	it collection date: Conf./Check #: