



6030 NE William R. Carr Ave  
Adair Village, OR 97330  
Voice - 541 745-5507  
Fax - 541 230-5219

---

### NEW WATER SERVICE APPLICATION/DEPOSIT FORM

Date \_\_\_\_\_ Service Start Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Joint Name \_\_\_\_\_

**Service Address** \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Mailing Address (if different from service address) \_\_\_\_\_

Previous Address (if in Adair) \_\_\_\_\_

If renting, complete the following:

Owner/Landlord's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner/Landlord's Address \_\_\_\_\_

Amount of Deposit: \$130.00 (effective July 2015). ***The required deposit must be paid prior to start of service.***

Please Note: This deposit will be held until termination of service. At that time, it will be applied toward the final bill and any balance refunded.

I agree to abide by all water regulations of the City of Adair Village. I understand the water account for this property will be in my name and that I will be responsible for paying all charges for water/sewer services to the property during the time I am the tenant of the property until the City of Adair Village receives a written disconnection notice (said form is available at the City office). I also understand that failure to pay such charges when due may result in the disconnection of my service.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received the Information for New Water Customers sheet \_\_\_\_\_ (initials)

---

#### City use only

Deposit Amount: \_\_\_\_\_ Received by/date \_\_\_\_\_

Acct. No. \_\_\_\_\_ Owner's Acct. No. \_\_\_\_\_ Book No. \_\_\_\_\_