



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 _____

Does the service address above have an underground irrigation system with a backflow device?
Yes _____ No _____

Home Phone No. _____ Cell Phone No. _____

E-mail address _____

Mailing Address (if different from service address) _____

If renting, complete the following:

Owner/Landlord's Name _____ Phone No. _____

Owner/Landlord's Address _____

Amount of Deposit: \$130.00. *The deposit must be paid prior to start of service.* The 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 notice of my tenancy termination. I also understand that failure to pay 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: _____ Check No. _____

Acct. No. _____ / Owner's Acct. No. _____