City of Philomath

Application for Water & Sewer Service

PO Box 400 Philomath OR 97370
Phone: (541) 929-3501 Fax: (541) 929-3044

Please Print Clearly

SERVICE START DATE: _____

NAME _____ _____ _____
(LAST) *(FIRST)* *(M.I.)*

SPOUSE _____ PHONE #_____
(For notification in case of leaks)

SERVICE ADDRESS _____

MAILING ADDRESS ☐ Same or _____

SOCIAL SECURITY # _____-____-_____ DOB ____/____/____ DL# _____

APPLICANT IS: ☐ OWNER ☐ RENTER ☐ LANDLORD

EMPLOYER INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE: _____

LANDLORD INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE: _____

Please notify us of any change in mailing address, your service may be disconnected until such information is provided.

Bills are generally mailed on the last day of the month and are due by the 16th of the following month. Failure to pay bills on time will result in late fees and if overdue your service may be disconnected until payment is received. If you have a problem with your bill notify the City of Philomath promptly.

I hereby agree to abide by all rules, regulations, and ordinances of the City of Philomath water and sewer utilities, as now existing or hereafter changed or amended.

A $10 new account fee will be included in the first bill.

_____
Signature of Applicant Date

☐ Taken by Phone _____ Initial _____ Date

For Office Use Only

Customer # __ __ __ __ . __ __ ☐ New Account Fee