



CITY OF MYRTLE CREEK

WATER/SEWER DEPARTMENT

207 NW Pleasant, P.O. Box 940, Myrtle Creek, OR 97457

Phone 541-863-3171, Fax 541-863-6851

Email: utility@ci.myrtle-creek.or.us

SERVICE ADDRESS: _____ DATE OCCUPIED: _____

BUSINESS NAME: _____

OWNER NAME: _____ SSN: _____ DOB: _____

CO-OWNER: _____ SSN: _____ DOB: _____

MAILING ADDRESS: _____

PREVIOUS SERVICE ADDRESS: _____

HOME PHONE: _____ WORK/MESSAGE PHONE: _____

OWN: _____ RENT: _____ LANDLORD: _____ PHONE: _____

I UNDERSTAND I AM RESPONSIBLE FOR ALL BILLINGS INCURRED DUE TO RECEIVING WATER AND SEWER SERVICE.

NOTIFY THE WATER DEPARTMENT WHEN MOVING OUT! YOU ARE RESPONSIBLE FOR ALL BILLINGS UNTIL NOTIFICATION IS RECEIVED.

I HAVE READ AND UNDERSTAND THE UTILITY BILLING AGREEMENT.

X CUSTOMER: _____

X CO-CUSTOMER: _____

ACCOUNT: _____ DEPOSIT: _____ DATE: _____

\$125.00 DEPOSIT COLLECTED ON ALL NEW ACCOUNTS BEFORE SERVICE IS ACTIVATED.