

# CITY OF TOLEDO - APPLICATION FOR UTILITY SERVICE

CITY HALL - 206 N. Main St - P O Box 220 - Toledo, OR 97391 (541) 336-2247 FAX (541) 336-3512

Connection Date: \_\_\_\_\_ Location Address: \_\_\_\_\_

## APPLICANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ODL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work # \_\_\_\_\_

## CO-APPLICANT (IF APPLICABLE):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ODL: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

## PROPERTY INFORMATION:

Are you the property owner?  Yes  No # of occupants in household \_\_\_\_\_

If no, give property owners name: \_\_\_\_\_

## PROPERTY OWNER'S CERTIFICATION

### IF UTILITY SERVICE WILL BE IN THE TENANT'S NAME, THE PROPERTY OWNER MUST SIGN THE FOLLOWING CERTIFICATION:

I/we are permitting City utility service at the above premises to be in the name of the tenant. I/we understand that the property owner is responsible for payment of any City utility bill against the premises which the tenant does not pay, and that the City can refuse to connect service to a new tenant until any outstanding bills by the previous tenants have been paid. I/we understand that any outstanding utility bills can be attached as a lien against the property.

Property Owner's Signature:  X  Date: \_\_\_\_\_

Property Owner's mailing address: \_\_\_\_\_

I certify that all information on this application is true to the best of my knowledge, and that the above signature is that of the property owner, and being fully aware of the penalties described in ORS 153.990 regarding false certifications state that the above is truthful and in good faith.

Applicant's Signature:  X  Date: \_\_\_\_\_

Co-Applicant's Signature:  X  Date: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Account #: \_\_\_\_\_ Comments: \_\_\_\_\_

Dep. Amt. \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Service Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_