

CITY OF TOLEDO - APPLICATION FOR UTILITY SERVICE

CITY HALL 206 N. Main St. - PO 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: _____ E-mail Address: _____

Home Phone: _____ Employer: _____ Work #: _____

CO-APPLICANT (IF APPLICABLE): _____ Number of occupants in household: _____

Last Name: _____ First Name: _____

Date of Birth: _____ E-mail Address: _____

Employer: _____ Work #: _____

PROPERTY INFORMATION:

Are you the property owner? YES NO If no, give property owner's 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: _____ 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: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Account #: _____ Comments: _____

Deposit Amt.: _____ Date Paid: _____

Service Fee: _____ Date Paid: _____