

Account # \_\_\_\_\_

### City of Siletz Water Turn-On Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Own Home: \_\_\_\_\_ Rent: \_\_\_\_\_

If Rental, Owners/Managers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Turn On Date: \_\_\_\_\_

Meter Reading: \_\_\_\_\_

Deposit Amount & Receipt #: \_\_\_\_\_

I, the undersigned, agree to accept the full responsibility for all water charges incurred by me at the above location and agree to pay promptly all billings rendered thereunder.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
City of Siletz