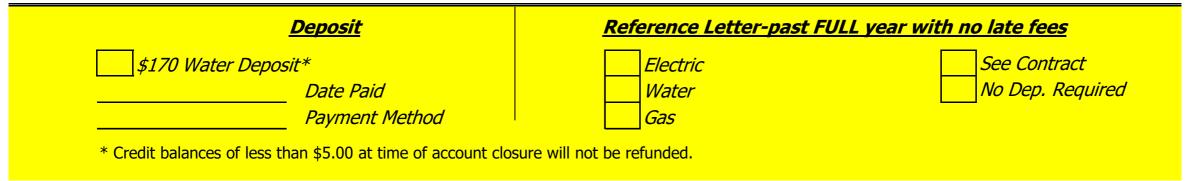
ONTARIO	Water App 444 SW ONTAR Fax: (541) 881-326	CITY OF ONTARIO Water Application On/Off 444 SW 4TH STREET ONTARIO, OR 97914 Fax: (541) 881-3262 Phone: (541) 881-3246 Email: ncox@opgcpa.com		
Customer Name		Spouse/Roommate		Account #
State/Driver's License #	BIRTHDATE	State/Driver's License #	BIRTHDATE	
Current Employer	Home/Cell Phone #	Current Employer	Home/Cell Phone #	=
		CED.		
Service Address:	MULTI-UNIT COMPLEX: # OF U	INITS_ 4 APAR	TMENT COMPLEX: # OF U	NITS
3 SINGLE FAMILY	MULTI-UNIT COMPLEX: # OF U	INITS_ 4 APAR	STATE	ZIP
3 SINGLE FAMILY	MULTI-UNIT COMPLEX: # OF U	INITS_ 4 APAR CITY Fax:	STATE	ZIP
3 SINGLE FAMILY	MULTI-UNIT COMPLEX: # OF U	INITS_ 4 APAR CITY Fax:	STATE	ZIP
3 SINGLE FAMILY 3 SINGLE FAMILY Service Address: STREE Service start/stop date: Service start/stop date: Mailing Address: Service start/stop date: E-Mail Address: Service start/stop date: READING: Service start/stop date: WORK COMPLETED BY: Service start	MULTI-UNIT COMPLEX: # OF U	INITS_ 4 APAR	STATE	ZIP
3 SINGLE FAMILY 3 SINGLE FAMILY Service Address: STREE Service start/stop date: Service start/stop date: Mailing Address: Service start/stop date: E-Mail Address: Service start/stop date: READING: Service start/stop date: WORK COMPLETED BY: Service start	MULTI-UNIT COMPLEX: # OF U T T STREET ****DO NOT WRITE BELOV DATE:	INITS_ 4 APAR	STATE NLY***	<i>ZIP</i>
3 SINGLE FAMILY 3 SINGLE FAMILY Service Address: STREE Service start/stop date: Service start/stop date: Mailing Address: Service start/stop date: E-Mail Address: Service start/stop date: READING: Service start/stop date: WORK COMPLETED BY: Service startion:	MULTI-UNIT COMPLEX: # OF U T T T T T T T T T T T T T	INITS_ 4 APAR CITY Fax: NOTES: METER - BUS (\$12	STATE NLY*** Cost per 1,000 gallons	ZIP

REQUIRED FOR UTILITY SERVICE: \$170.00 WATER DEPOSIT OR REFERENCE LETTER FROM ANOTHER UTILITY COMPANY



The City is not liable for possible flooding, at this residence, when the meter is turned on at customer's request.

I do hereby specially request the City to provide water and sewer services to the above described property and do further agree to pay all charges for such services promptly and in accordance with the ordinances, rules and regulations of the City of Ontario. I further agree that, in the event I fail to pay such charges and collection efforts are instituted by the City against me, I will pay, in addition to all other costs and disbursements allowed by law at trial and on appeal, the reasonable sum to be determined by the court and for attorney's fees.

X	Signature:	X Date:	
X	Signature:	X Date:	