



CITY OF PORTLAND UTILITY
ACCOUNT APPLICATION

FOR OFFICE USE ONLY
CONFIDENTIALITY OPTION
RECEIPT # _____

PLEASE PRINT

Applicant Name: _____ Spouse (optional): _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ E-Mail _____ @ _____

Drivers License #: _____ State: _____ Social Security #: _____ - _____ - _____

Employed By: _____ Work Phone: (____) _____ - _____ Ext: _____

Spouse - Drivers License #: _____ State: _____ Social Security #: _____ - _____ - _____

Employed By: _____ Work Phone: (____) _____ - _____ Ext: _____

Have you/spouse ever been a City of Portland utility customer? [] YES [] NO If YES, when? _____

Begin service on (date) _____ OPTIONAL: (check one): [] Home Owner [] Rental Property

AUTHORIZATION TO CONNECT WATER SERVICE

CHECK ONLY ONE

[] YES, I AUTHORIZE employees or agents of the City of Portland to connect water service at my residence without me or my representative being present at the time of connection.

I understand my property could be damaged by water if there is a leak, open pipe or open faucet on my property at the time the water is turned on. I agree to hold harmless, the City of Portland, its employees and agents, for any damage to my property that may result from the City turning on my water supply in my absence.

[] NO, I DO NOT AUTHORIZE employees or agents of the City of Portland to connect water service in my absence. I request the City not make any connection unless I or my representative is present. I understand the City makes water connections only between the hours of 3:00 PM and 5:00 PM weekdays.

The following person(s) are authorized to allow connection of water service in my absence.

PRINT NAME

PRINT NAME

By signing this application you agree to reimburse the City the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts.

Applicant Signature

Date

Spouse Signature

Date

The following information is requested by the UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino

Gender: [] Male [] Female

Race: [] White [] Black or African American [] American Indian/Alaska Native [] Asian [] Native Hawaiian or Other Pacific Islander