## **CITY OF NEWPORT-Business Application for Utility Service**



Deposits - A refundable deposit will be collected upon the start of new service for a property owner, or a renter/tenant account. The deposit is fully refundable after 12 consecutive months of account history with no late fees, or disconnect notices for the service address.

Map/Tax Lot of Service Address:

Connection Date:		_ Location of	Address:			
	Ар	plicant Information	:			
Business Name:		_ Business C	Contact:			
Mailing Address (If different from Other Accounts Yes	n above): No	City		ate	Zip	
Contact # for Leaks:		E-mail address:				
Phone:	Phone:Busines			Work Phone:		
Type of Business		Business/Tax II	D#			
	Co-Applica	nt Information (If ap	pplicable):			
Last Name:		_ First Name	:			
Age 18 or older (Y/N):		E-mail address:				
Home Phone:				Driver License or	State ID #	
	Pr	operty Information:				
Signed Rental/Lease Ag Accounts are due and payable upon 15 <sup>th</sup> day after billing. Payment inform due amounts after the 30 <sup>th</sup> day of bi- provided. When a delinquent notice amounts. Service will be discontinue prepared instructing personnel to shiphysically turned off. These fees are I hereby promise to pay all bills for so and any other rules and regulations I certify that all information provided truthful and made in good faith. I/Wo of those City utilities.	n billing each momation regarding illing are delinque is processed, the ed if the account out off a service for e subject to chark such service where which may be all on this applicati	onth, and a late fee we your account may be ent and constitute a late account will be chastic not paid in full. A storn on-payment of acting by action of the North on due and abide by a dopted by the City con is true to the best	rill be charged if e provided to the lien on real proparged a delinque service fee is recount, not necessed and ordinances reconcerning said of my knowledges.	e owner of the property for which the ent fee for any pas quired when a worksarily when the vuncil. gulating the use of service. ge, and state that the	paid by the perty. Past service was t due k order is vater is City utilities he above is	
Applicant's Name:	Sig	nature		Date		
Co-Applicant's Name:	Sig	nature		Date		
	1	OFFICE USE ONLY:				
DEPOSIT AMOUNT:	DAT	E PAID:	Picture ID	Verified:		
SERVICE FEE:	DAT	E PAID:				
Deposit Waived (Specify Criteria)		Employee Name: 169 SW Coast Highway Newport, OR, 97365				

P: 541-574-0617 | www.newportoregon.gov