

**CITY OF HOQUIAM**  
**Application for Utility Service**

Date \_\_\_\_\_

This application is for (please check one):

New Service

Reactivate Service

Update Service

**Service Address** \_\_\_\_\_

**Bill to:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ DOB \_\_\_\_\_

Date Service Requested \_\_\_\_\_ Remarks \_\_\_\_\_

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Billing Preference  Monthly  Bi-Monthly

*I hereby request that the utility bills for this account be put in my tenant's name & mailed to my tenant until further notice. I understand I will continue to be responsible for this account should any bills remain unpaid for any reason.*

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby agree to abide by the rules and regulations of the Water Department as set forth in the Ordinance of the City of Hoquiam.*

Owner Signature \_\_\_\_\_ Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**INSPECTORS RECORD**

Date of turn on/reading \_\_\_\_\_ Meter reading \_\_\_\_\_

Meter size \_\_\_\_\_ Make \_\_\_\_\_ No. \_\_\_\_\_

Remarks \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_

Turn On No.