

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 _____

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.