

February 2019

City of Sweet Home Residential Water/Sewer Account Application

Today's Date:		Dat	e Ser	vice	Needed:						
Are you a new	v resident to t	he City of Sweet Home?	□ Y	⁄es		No					
Primary Appl	icant: (PLE	ASE PRINT)					□ Rei	nt		Own	
Name:						Date of	Birth:				
Driver's Licens	se or State ID) #:		Em	ail:						
Service Address:						Phone #	:				
Mailing Addre	ss:										
						City		State		Zip	
Co- Applican	t: (MUST BE	PRESENT)									
Name:					Date of Birth:						
Driver's Licens	se or State ID) #: 		Em	ail:						
Phone						# :					
Property Owi	ner:					_					
Name:						Phone) #:				
Mailing Addre	ss:					City		State		Zip	
there are no past due amounts owed and the current account is scheduled to be closed within 3 days. All customer accounts must be in good standing before any deposit is refunded. Accounts are due when mailed and payable by the 15 th of the month. If the account is not paid in full by the 15 th , it is "past due" and considered to be delinquent. Service disconnect/delinquency notices are mailed to those accounts which are "past due" and a copy sent to the property owner, if applicable. As provided by law, Delinquent accounts constitute a lien upon the real property for which the service was provided and the Property Owner is ultimately responsible for payment of this account. If the amount due is not paid prior to 5:00 p.m. of date on the service disconnect/delinquency notice, service MAY be interrupted and a reinstatement fee of \$40.00 will be added to the account if a work order is prepared instructing personnel to interrupt service for non-payment of account, not necessarily when the service is physically interrupted. I hereby promise to pay all bills for such service when due, and abide by all ordinances regulating the use of City utilities and any other rules and regulations which may be adopted by the City Council concerning said service. My signature also indicates I have received the "City of Sweet Home-Important Information about your water/sewer account" pamphlet.											
Applicant Signature		Date		Co-Applicant Signature					D	ate	
For Office Use	Only										
Deposit:	□ Paid	Amount: \$		Rece	eipt #						
	□ Waived				☐ Transfer from Account #						
Clerk:	erk: Property Owner Name:						Owner /	Acct # _			
	0-	Applicant Names					1 -4 44				