

- Owner
- Tenant
- Property Manager

CITY OF ROSEBURG

Application for Water Service

Please Print



Today's Date: _____ Service Start Date: _____
 Landlord: _____
 Service Location: _____ Landlord Phone No: _____

First Applicant

Full Name: _____ Date of Birth: _____
Last First Mi

Billing Address: _____
Street City State Zip

TIN or Social Security No: _____ Driver's License No. / State ID Card: _____

Daytime Phone No: _____ Home Phone No: _____

Previous Address: _____
Street City State Zip

Employer: _____ City: _____

I have read and agree to abide by all the policies, rules, & regulations pertaining to my water service as they now exist, or as they may become changed or amended by the City of Roseburg.

Applicant's Signature: _____

For City Use - Do Not Fill In
Identity Check Information :

Other Responsible Individual

Full Name: _____ Date of Birth: _____
Last First Mi

TIN or Social Security No: _____ Driver's License No. / State ID Card: _____

Daytime Phone No: _____ Home Phone No: _____

Previous Address: _____
Street City State Zip

Employer: _____ City: _____

I have read and agree to abide by all the policies, rules, & regulations pertaining to my water service as they now exist, or as they may become changed or amended by the City of Roseburg.

Applicant's Signature: _____

For City Use - Do Not Fill In
Identity Check Information :