



Application for Water Service

Date: _____

Applicant's Name: _____

Daytime Phone #: _____ Home Phone #: _____

Date of Birth: _____ Driver's License: _____

Employer: _____

Service Start Date: _____

Location of property to receive service:

Statement Billing Address:

City: _____ State: _____ Zip: _____

Are you the owner, tenant, or property manager of the property?

Owner

Tenant

Property Manager

Property Owner's Name: _____

Property Owner's Phone #: _____

I have read and agree to abide by all the policies, rules, & regulations set forth by the City of Roseburg with regards to my water service.

Applicant's Signature: _____