Account

Application for a New Account

Corbett Water District
PO Box 6, Corbett, OR 97019
(503) 695-2284 | clerk2@corbettwater.com

| (if applicable) | | Date: | | |
|--|---|--|--------------------------------|--|
| | | | | |
| Signature(2): | | Date: | | |
| Signature(1): | | Date: | | |
| I hereby request that Corbett W owner/tenant. I agree to pay the | ater District furnish we regular rates and cha | Meter Size over ¾ inc ater to the above premises of whi- rges for water service at these pre- of Commissioners of the Corbett | ch I am the mises and to abide | |
| Please choose meter size: | | | | |
| | | er bill is not paid, the landlord/h il the amount of the water bill is | | |
| Landlord Phone #: | | | | |
| Landlord Address | | | | |
| Landlord Name (if rental): | | | | |
| Taperiess Bining. Tes No | | | | |
| • | Checking account number O Or Both email & postcard | | | |
| If yes: Name of Bank | | | | |
| Automatic payment (deducted 1 | | | | |
| | Billing Optio | | | |
| Email address: | | | | |
| | | | | |
| Drivers License #: | | | | |
| Home Phone #: | Alte | Alternate Phone #: | | |
| City: | State: | Zip: | | |
| Mailing address | | | | |
| Street Address of location: | | | | |
| Applicant Name(2): | | | | |
| Applicant Name(1): | | | | |
| Date service to start: | Account #: | | | |

To open a new account with Corbett Water District you are required to provide a <u>deposit</u>, <u>along with this application</u>. This deposit is held until the time the customer leaves residence and the account is closed, at which time the deposit will either be applied to the final bill or if the balance has already been paid it will be refunded via check only.