

COMMERCIAL

UTILITY SERVICE APPLICATION

billing@ci.tualatin.or.us

APPLICANT:			
Business Name:	On-site Phone:		
Mailing Address:			
Street		State	Zip
Emergency Contact:	Phone		
For water leak or other utility (emergency (not a billing contact)		
Billing Contact:	Contact Phone: _		
Billing E-mail:			
SERVICE DETAIL: (Please fill out a separate			
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Service Address:			
Start Service Date:	The water is currently:	ON/OFF (Circle one)	
Number of Full Time Facilitation to Provide the Providence of State of Facilities of F			
Number of Full Time Equivalent Employees:			
Do you own this property: Y/N If leasing, p	lease provide the owner's	s contact intori	mation belo
Owner's	Name:		
Mailing	Address:		_
Phone N	lumber:		
AGREEMENT TO COMPLY WITH TERMS OF	SERVICE:		
Tualatin City Ordinance 839-91 requires this approviding city utilities or services such as water, Applicant agrees to comply with applicable city	sewer, storm drainage, and	, ,	•