



City of Silverton
 306 S. Water Street
 Silverton, OR 97381
 503-873-5321 / 503-873-3007 fax
Application for Utility Service

Service Start Date _____ Own _____ Rent _____ Today's Date _____
 Service Address _____ Sprinkler System: Yes / No
 Mailing Address (if different) _____

Applicant Information	Co-Applicant Information
Name:	Name:
Driver's License Number:	Driver's License Number:
Social Security Number: XXX-XX- _ _ _ _	Social Security Number: XXX-XX- _ _ _ _
Phone Number:	Phone Number:
Email:	Email:
Applicant's Employer:	Applicant's Employer:
Address of Employment:	Address of Employment:
Name/Phone # of Nearest Relative Not Living With You:	Name/Phone # of Nearest Relative Not Living With You:

If you are renting please complete the following owner's information:

Owner or Property Manager Information
Name:
Mailing Address:
City, State, Zip:
Phone Number:
Email:

I hereby agree to abide by all rules, regulations, and ordinances of the City pertaining to utility service. I understand that a copy of this application will be sent to my landlord/property owner and he/she may be notified of my account status. I also understand that all information on this application may be used for collection purposes. All delinquent charges must be paid prior to any new or additional utility service. I understand any returned payments will be subject to a \$25 return payment fee. A security deposit of \$100.00 and a \$10.00 processing fee is required prior to beginning service.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

I would like to add this account to my existing auto-pay I have in place with the City of Silverton.
 _____(Initials) This is not for customers currently using Xpress Bill Pay.

For Office Use Only

Amount Paid _____ **Receipt No.** _____

Commercial **Residential**

Date Deposit Applied _____ **Applied for Good Credit**____**or Termination**____

Check number of Deposit Refund _____

Termination Date _____