

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

Business Application for Utility Service

Service Start Date	Today's Date
Service Address	
Mailing Address (if different)	
Own Rent	
	Business Applicant Information
Business Name:	
Tax ID Number:	
Tax ID Number.	
Business Phone Number:	
Manager Name:	
Manager Phone Number:	
Wanager Fhone Number.	
Email Address:	
If you are renting please complete the j	ollowing owner's information:
Owner or Proper	ty Manager Information
Name:	
Mailing Address:	
rading radiess.	
City, State, Zip:	
Phone Number:	
Email:	
this application will be sent to my land all information on this application may	plations, and ordinances of the City pertaining to utility service. I understand that a copy of ord/property owner and he/she may be notified of my account status. I also understand that be used for collection purposes. All delinquent charges must be paid prior to any new or any returned payments will be subject to a \$25 return payment fee. A security deposit of required prior to beginning service.
Applicant's Signature	Date
Applicant's Title	

For Office Use Only

Amount Paid _	Receipt No.
	Commercial Residential
Date Deposit Applied Applied for Good Creditor Termination	
Check number of Deposit Refund	
Termination Date	•