

WINSTON-DILLARD WATER DISTRICT RESIDENTIAL WATER SERVICE APPLICATION

121 NW Douglas Blvd. Winston, OR 97496 PHONE: 541-679-8467 FAX: 541-679-4875 - WDWD.US

WINSTON-DILLARD WATER DISTRICT IS AN EQUAL OPPORTUNITY PROVIDER.

TODAYS DATE:		DATE ON:		ACCOUNT #:	
OWN / RENT	\$10.00 LANDLORD FEE <input type="checkbox"/>	\$25.00 SERVICE FEE <input type="checkbox"/>	\$50.00 DEPOSIT <input type="checkbox"/>	NO FEE <input type="checkbox"/>	NAME CHANGE / LANDLORD
APPLICANT:		EMPLOYER:		EMPLOYER PHONE #:	
LAST 4 DIGITS SOCIAL SECURITY #: <small>(Voluntary Information)</small>		Date Of Birth:		DRIVER'S LICENSE#:	
CO-APPLICANT:		EMPLOYER:		EMPLOYER PHONE #:	
LAST 4 DIGITS SOCIAL SECURITY #: <small>(Voluntary Information)</small>		Date Of Birth:		DRIVER'S LICENSE#:	
SERVICE ADDRESS:		PHONE #:			
MAILING ADDRESS:		CITY, STATE, ZIP:			
PROPERTY OWNER:		PHONE #:			
EMERGENCY CONTACT:		PHONE #:			
<u>CO-APPLICANT SIGNATURE :</u>			<u>E-MAIL ADDRESS:</u>		
<u>APPLICANT SIGNATURE:</u>			EMPLOYEE INITIALS:		
<i>TRANSFER ~ MOVING WITHIN DISTRICT</i>					
DATE OF REQUEST:		DATE OF NEW CONNECT:		ACCOUNT #:	
DISCONNECT DATE OF OLD ADDRESS:					
NEW SERVICE ADDRESS:					
NEW MAILING ADDRESS:		CITY, STATE, ZIP:			
PROPERTY OWNER:		PHONE #:			
REQUESTED BY:		PHONE #:			
<u>CUSTOMER SIGNATURE:</u>			EMPLOYEE INITIALS:		
<i>SERVICE TERMINATION</i>					
DATE OF REQUEST:		DATE OF DISCONNECT:			
REQUESTED BY:		VERIFICATION: (IF NEEDED)			
FORWARDING ADDRESS:			PHONE #:		
CITY, STATE, ZIP:					
<u>CUSTOMER SIGNATURE:</u>			EMPLOYEE INITIALS:		