

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	\$15.00 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 #:			
<i>CO-APPLICANT SIGNATURE:</i>		<i>E-MAIL ADDRESS:</i>			
<i>APPLICANT SIGNATURE:</i>		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 #:			
<i>CUSTOMER SIGNATURE:</i>				EMPLOYEE INITIALS:	
<i>SERVICE TERMINATION</i>					
DATE OF REQUEST:		DATE OF DISCONNECT:			
REQUESTED BY:		VERIFICATION: (IF NEEDED)			
FORWARDING ADDRESS:				PHONE #:	
CITY, STATE, ZIP:					
<i>CUSTOMER SIGNATURE:</i>				<i>EMPLOYEE INITIALS:</i>	