

**City of Port Orchard
Utilities Request**

To Turn on Water

The undersigned hereby applies to restore water service at:

Account #: _____

Cycle #: _____

Date: _____

The City may require a representative be present when restoring the water. The Utility department will let you know if this is needed. If you would like to be present when the water is restored please contact (360)876-5139 to schedule an appointment. Appointment times can be scheduled M-F 8:30am to 3:30pm.

_____ and agrees to comply with all the rates, rules and regulations of Port Orchard Utilities as approved by the City Council and Ordinances of the City of Port Orchard relative thereto.

Owner/Agent: _____

Tenants may not use this form.

Mail bills to: _____

Phone #: _____

E-mail Address: _____

Water Turn on Effective Date: _____

Signed: **X** _____

(Applicant)

Owner's signature acknowledges any balance and/or charges incurred will remain with the property.

OFFICE USE ONLY

Accounting
Amount Due:
Old SB Acct. #
Completed Date:
Completed By Initials:
Inside City Limits: Yes No

Public Works
Water Turned On Date:
Meter Read Date:
Meter Reading:
Meter Size:
Register ID #:
Serial #:
Completed By:

Please complete form and return to City of Port Orchard Utility Billing.

Attention: Utility Billing
216 Prospect St.
Port Orchard, WA 98366

Utility Billing: (360) 876-5139
Fax: (360) 895-9029
www.cityofportorchard.us