



# CITY OF WILLAMINA MOVE-IN APPLICATION

## RESIDENT INFORMATION

Please include all tenants to be point of contacts on the account. (Only those on the account may request information regarding the account).

<b>1. Name (First &amp; Last):</b>			<b>2. Name (First &amp; Last):</b>		
<b>Move-in Date:</b>			<b>Service Request Date:</b>		
<b>Service Address:</b>					
<b>Mailing Address (if different):</b>					
<b>Phone:</b>			<b>Email:</b>		
<b>1. Driver's License #:</b>	<b>1. State:</b>	<b>1. Expires:</b>	<b>2. Driver's License #:</b>	<b>2. State:</b>	<b>2. Expires:</b>

## PROPERTY OWNER INFORMATION (if different)

<b>Rental (circle one)</b> <b>Yes</b> <b>No</b> <b>*A copy of rental agreement must be submitted with application.</b>
<b>Owner/Landlord Name:</b>
<b>Address:</b>
<b>Phone:</b>

I hereby promise to pay all bills for such service when due and abide by all City Ordinance regulating the use of City Water and Sewer Services and any other rules and regulations which may be adopted by the City Council concerning such services. A deposit of **\$155.00** is required to be paid before water/sewer services can be extended to the above stated address. If water is turned off for non-payment, the full account balance will be due, plus a **\$50.00** reconnection fee before water service can be restored. ALL DELINQUENT AND UNPAID CHARGES WILL BE SENT TO COLLECTIONS AFTER 60 DAYS. You may submit the form and any questions to [utilities@ci.willamina.or.us](mailto:utilities@ci.willamina.or.us).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY	
<b>Account #:</b>	
<b>Deposit Paid: \$</b>	<b>Date Paid:</b>
<b>Deposit Transfer from:</b>	<b>Deposit Transfer To:</b>
<b>Transfer from Acct #:</b>	<b>Amt. of Transfer: \$</b>
<b>Service Started Date</b>	<b>Notes:</b>

An Equal Opportunity Employer

411 N.E. "C" Street, Willamina, Oregon 97396-2783 Telephone: (503) 876-2242 / Fax: (503) 876-1121

[www.willaminaoregon.gov](http://www.willaminaoregon.gov)

# **CITY OF WILLAMINA MOVE-IN APPLICATION**

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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