



# 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>Phone:</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.

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

<b>OFFICE USE ONLY</b>	
<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>

# CITY OF WILLAMINA

## MOVE-IN APPLICATION

In accordance with Federal Civil Rights law and U.S. Department of Agriculture (USDA) Civil Rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credible activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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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