

**CITY OF DEPOE BAY APPLICATION FOR WATER AND SEWER SERVICE**  
**P.O. BOX 8, DEPOE BAY, OR 97341 ● 541-765-2361**

<b>OFFICE USE ONLY:</b>	Residential / Commercial
Account # -	Former Owner -

Service address: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner of the above property as of \_\_\_\_\_ (date), and hereby request water and sewer service be provided.

I agree to comply with the rules and regulations of the City of Depoe Bay, and to pay such rates/charges for water and sewer as established by the City Council. I understand that as the owner of the property to which the service is provided, I shall be legally liable to pay all the service and usage charges and fees, whether service is supplied to the owner, renter, or other occupant.

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*This institution is an equal opportunity provider.*

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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more)

White \_\_\_\_\_

Black or African American \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Date: \_\_\_\_\_