



City of St. Helens

Residential Utility Service Application

Service Address: _____ Renter: _____ Owner: _____

Full Name: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Driver's License/and or State ID: _____

Requested Start Date: _____ **We are unable to back date requests. Every effort will be made to begin service on your requested start date, however due to high call volumes some orders may be held until the following business day.**

Deposit # _____ Date: _____

Signature(s): X _____ X _____ Date: _____

Landlord Information:

Name: _____ Home Phone: _____ Alternative Phone: _____

Mailing Address: _____ Email Address: _____

A \$30.00 deposit is required for inside City limits and a \$40.00 deposit is required for outside City limits from all owners, renters, and those leasing before services are turned on. This deposit will be applied to the closing bill and any remaining credit will be refunded. If the customer moves to a new City service location a new deposit will be required to start services. The deposit will not earn interest. Accounts are due and payable upon the 10th day of every odd month. After the 15th of the odd month a \$5 late fee will be applied to the account. After the 25th of the odd month there is an additional \$25 delinquent fee that is applied along with the begging process of interruption of services which could result in an additional \$20 reconnect fee to be applied before service can be reconnected. By signing this form I agree to abide by all rules, regulations and ordinances of the city governing water service.

Would you like more information about our PreAuthorized Payment Service? Yes: _____ No: _____

Payments can be made on our website @ www.ci.st-helens.or.us

Or

Mailed to:

P.O. Box 278

St. Helens, OR 97051

(503) 397-6272

FOR OFFICE USE ONLY:

Date Received: _____	Date on Daily: _____	Lot #: _____
Deposit Date: _____	Amount: _____	By: _____
Account #: _____		