City of St. Helens

PO BOX 278 – 275 STRAND ST
ST. HELENS, OREGON 97051
Phone: 503-397-6272
Fax: 503-397-3490

APPLICATION FOR WATER AND SEWER SERVICE

DATE: _____ DATE SERVICE REQUESTED: _____

APPLICANT NAME(S): _____

LOCATION OF PREMISES SERVED: _____ LOT #: _____

MAILING ADDRESS (IF DIFFERENT): _____

HOME PHONE NO: _____ WORK/CELL PHONE NO. _____

EMAIL: _____

APPLICANT'S DRIVERS LICENSE NO. _____

CO-APPLICANT'S DRIVERS LICENSE NO. _____

> COPY OF ID IS REQUIRED

SIGNATURE (S) _____

WATER IS CURRENTLY (check one): ○ ON ○ OFF ○ NEW METER

APPLICANT IS (check one): ○ OWNER ○ RENTER ○ CONTRACTOR

We offer Auto PAY with a voided check.

If an applicant is not the owner/agent of the property for which service is being requested, the owner must also sign the application:

I, (print name) _____, am the owner/agent of the property for which water service is being requested. If the applicant fails to make payments in accordance with the rules, regulations and ordinances of the City of St. Helens, I agree to be liable for those charges. The above information is that of the person on the rental agreement.

_____ Date: _____
(Signature of Rental Property Owner or Agent)

Deposit Fees: Contractor Processing Fee = **$25.00 (non-refundable)**
Renter/Owner = $0

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OFFICE USE:

Lot # _____

○ Computer Account Setup
New Acct. # _____