City of Tualatin
18880 SW Martinazzi Ave
Phone: 503-691-3056
Fax: 503-692-0147
Email:
billing@ci.tualatin.or.us

COMMERCIAL

UTILITY SERVICE APPLICATION

APPLICANT:

Business Name: _____ On-site Phone: _____

Mailing Address: _____
Street City State Zip

Emergency Contact: _____ Phone: _____
For water leak or other utility emergency (not a billing contact)

Billing Contact: _____ Contact Phone: _____

Billing E-mail: _____ Tax ID #: _____

SERVICE DETAIL: (Please fill out a separate application for each service address.)

Service Address: _____

Start Service Date: _____ The water is currently: ON/OFF
(Circle one)

Number of Full Time Equivalent Employees: _____

Do you own this property: Y/N If leasing, please provide the owner's contact information below:

Owner's Name: _____

Mailing Address: _____

_____

Phone Number: _____

AGREEMENT TO COMPLY WITH TERMS OF SERVICE:

Tualatin City Ordinance 839-91 requires this applicaiton. In consideration of the city making available or providing city utilities or services such as water, sewer, storm drainage, and road maintenance, the Applicant agrees to comply with applicable city codes and regulations.

The Applicant further agrees to notify the city in writing the date that Applicant ceases to need city services or otherwise vacates the premises served.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____