

The City of Columbia City

PO BOX 189 - 1840 SECOND STREET

COLUMBIA CITY, OREGON 97018

(503) 397- 4010

REQUEST FOR WATER AND SEWER SERVICE RESTORATION

TODAY'S DATE: _____ DATE SERVICE REQUESTED: _____

APPLICANT NAME(S): _____

LOCATION OF PREMISES SERVED: _____

MAILING ADDRESS (IF DIFFERENT): _____

CELL PHONE NO: _____ SECONDARY CELL PHONE NO: _____

E-MAIL ADDRESS: _____

SECONDARY E-MAIL ADDRESS: _____

Resume my previously authorized automatic bill pay participation (check one, if applicable): Yes _____ No _____

SIGNATURE: _____

OWNER

RENTER

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OFFICE USE:

Account No: _____

Work Order No: _____