The Salmon Valley Water Company

Mail to:	FAX to:	E-Mail to:	Drop off at	Questions? Call	Visit our web site at			
PO Box 205	503.622.3458	thesvwco@frontier.com	24525 E	503.622.4083	thesvwc.com			
Welches, OR 97067		Application	Welches Rd					
Application for Service								
Please PRINT legibly; all fields are required to begin service:								
Name(s) on accour	nt:							
Mail bill to address	s:							
Home phone:								
Cell phone:								
Start date of servic	e:							
You email address				*(optional			
Property address:								
If you are a renting or leasing this property please list the owner of the property:								
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I hereby agree that I comply with the Rules & Regulations of the Salmon Valley Water Company which have been submitted to the Oregon Public Utility Commission of Salem OP. A compission submitted to the Oregon Public								
been submitted to the Oregon Public Utility Commission of Salem, OR. A copy is available from our office for your inspection. I agree to pay the (periodic) charges as billed to me from the invoices rendered by said								
company.		, ur,		, ,,				
X		Dat	te:					

Signature of Applicant

Your service will be turned off should any of the following conditions exists:

- 1. Your service line is not connected to the residence or business or cannot be turned off past the meter
- 2. Visible leaks are observed
- 3. The meter continues to run 5 minutes after being turned off
- 4. In the opinion of the Company Representative the start of service would be a detriment to the system
- 5. A back-flow prevention & pressure reducing value is not installed as required by state & federal law

Internal use only:							
Acct #	Prev. Acct#	Unmetered	Downstream	Upstream			
Seq.#	Beg Meter	Gal Meter	Multi Unit	Rate Code			