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 |  |  | Welches Rd |  |  |

**Application for Service**

Please PRINT legibly; all fields are required to begin service:

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail bill to address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*optional

Property address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a renting or leasing this property please list the owner of the property:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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, 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*.**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_**