

Account #: \_\_\_\_\_

Cycle #: \_\_\_\_\_

# City of Port Orchard Utilities Request

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

The undersigned hereby applies for Water/Sewer/Storm Drainage Utility service at:

\_\_\_\_\_ and agrees to comply with all the rates, rules and regulations of Port Orchard Utilities as approved by the City Council and Ordinances of the City of Port Orchard relative thereto.

Owner/Agent: \_\_\_\_\_

*Tenants may not use this form.*

Mail bills to: \_\_\_\_\_

Phone #: 360-876-5431 or cell 360-286-4476

E-mail Address: \_\_\_\_\_

Effective Date/Property Closing Date: \_\_\_\_\_

Signed: **X** \_\_\_\_\_

*Applicant*

*Owner's signature acknowledges any balance and/or charges incurred will remain with the property.*

### Office Use Only

<b>Accounting</b>
Amount Due:
Completed UB Initials:
Springbrook Date:
ID Verified:

<b>Public Works</b>
Water Turned On Date:
Meter Read Date:
Meter Reading:
Meter Size:
Register ID #:
Serial #:
Completed By:

Please complete form and return to City of Port Orchard Utility Billing.

**Attention: Utility Billing**  
216 Prospect St.  
Port Orchard, WA 98366

**Utility Billing: (360) 876-5139**  
**Fax: (360) 895-9029**  
**www.cityofportorchard.us**