

CITY OF GEARHART

698 PACIFIC WAY • P.O. BOX 2510 • GEARHART, OREGON 97138 (503) 738-5501 • (503) FAX 738-9385

APPLICATION FOR WATER SERVICE

				Date:
			Permit #	
Property Information:				
Property Owner Name (Please			_	
Mailing Address:				
City:	State:	Zip Code:		
Phone Number:				
Parcel Number:				
Site Address:				
Contractor:		Phone Number:		
Type of Service Requested:				
□ New Water Meter Installation□ Water Meter Replacement□ Other (describe):				
Water Meter Size:	Estimated Cost:			
□ 5/8" 3/4" -	2500.00			
□ 1" or Larger Meter	2500.00 Plus Larger M	leter & Material Costs		

Agreement & Acknowledgment:

I, the undersigned, hereby request the City of Gearhart to provide the water service as described above. I understand and agree to the following terms and conditions:

I assume full financial responsibility for all costs incurred for this service, including but not limited to parts, labor, equipment, and administrative fees.

I understand that service installation and activation are subject to applicable municipal codes, regulations, and fees as established by the City of Gearhart.

I agree to comply with all City of Gearhart water use policies and ordinances.

I acknowledge that failure to pay for service or comply with city regulations may result in penalties, service disconnection, or additional enforcement actions.

I affirm that all information provided in this application is accurate and complete to the best of my knowledge.

PLEASE NOTE THAT YOU SHOULD CALL METER INSTALLATION IN, TWO / THREE WEEKS IN ADVANCE OF DATE NEEDED.

Applicant Signature:	Date:		
Property Owner Signature (if different):		Date:	_
FOR CITY USE ONLY			
Application Received By:	Date:		
Meter Size:			
Fee Paid:			
Installation Approved By:	Date:		
Installation Completed By:	Date:		