



Application for Service

495 E. Columbia River Hwy
PO Box 216
Clatskanie, OR 97016
Office 503-728-2163, Fax 503-728-2812
www.clatskaniepud.com

Account # _____

Customer # _____

Today's Date _____

Requested Connection Date _____

Customer Name _____

Spouse/Roommate's Name _____

Service Address _____

Mailing Address _____

Home Phone # _____

Property Owner _____

New Tenant?

Customer:

Spouse/Roommate:

Cell Phone # _____

Cell Phone # _____

Driver License # _____

Driver License# _____

Social Security Number _____

Social Security Number _____

Date of Birth _____

Date of Birth _____

Employer _____

Employer _____

Address/Phone _____

Address/Phone _____

Nearest Relative's Name/Address/Phone _____

Previous Account with District/Service Address _____

Approximate Date of Prior Service with District _____