

CITY OF SISTERS 520 E. Cascade Ave., PO Box 39 Sisters, OR 97759

Ph: 541-549-6022 Fax: 541-549-0561

Water/Sewer Service Start Service ☐ Contractor ☐ Renter ☐ Owner ☐ Commercial						
SERVICE ADDRESS				START DATE		
APPLICANT:						
Name:		SS #:		Drivers	Lic#:	
Mailing Address:						
City, State, and Zip:Em			Email:	nail:		
Home Phone#:	C	ell Phone#:				
Emergency Contact:	E	mergency Phone#: _		(for utility emergencies such as water leaks)		
Employers Name:	Pł	none#:				
PROPERTY OWNER	or PROPERTY MANAGE	MENT COMPANY	required):			
balance due from applicate city service charges.  Shut off For shut-off and reconnect and \$40 per trip after nor account, the following cheworking hours, weekends,  Payment A drop slot is available 24 For your own protection, and become delinquent the besent to the consumer. It	ts, for customer private reparal working hours, weeken arges shall apply: \$30 recorded and holidays.  Thours a day for check or motash payments should not be	s. If service is discontair or service, the City ds and holidays. For ennect fee during normal oney order payments no placed in the drop box on or before the last d	shall charge reconnection hal working l ext to the main. City service ay of each me	\$25 per trip during no of service disconnections (7 a.m 5 p.m. an entrance of the City e charges shall be painenth. If an account be	ormal working hours (7 a.m 5 p.m.) ted by the City due to nonpayment of .) and \$60 reconnect fee after normal whall building, 520 E.Cascade Ave. d by the tenth (10th) of each month ecomes delinquent, one reminder will	
a con to no prem	dition for use of water a	nd sewer service, re he date that Applic I continue until the	eferred to a ant ceases t City is not	s city service chargo need City service ified in writing.	s, regulations, and ordinances as ges. Applicant further agrees es or otherwise vacates the	
For Office Use Only						
	Processing Fee \$2				per #of mo	
Date Paid	Receipt #	Check #	Cash _	CC	Initials	