

Application For City Utility Services

SERVICE ADDRESS: _____ No. Street Name

START DATE: _____

APPLICATION BY TENANT(S):

I/We hereby make application for the use of City Water and Sewer Facilities, and agree to comply with the Hubbard Municipal Codes that govern the use of those facilities, including but not limited to HMC Chapters 13.09, 13.15 and 13.20, as well as payment of the \$90 utility deposit.

Print Name of Tenant(s)

Signature of Tenant(s)

Mailing Address

Phone No. (Primary)

City State ZIP

Phone No. (Alternate)

APPLICATION BY OWNER(S) OR AUTHORIZED AGENT(S) OF OWNER(S):

I/We hereby either make application, or acknowledge the above application by our tenant(s) for the use of City Water and Sewer Facilities, and agree to comply with the Hubbard Municipal Codes that govern the use of those facilities. I certify that I am the owner of, or one of the owners of the premises, or that I am an authorized agent of the owner(s), with express authority to bind the owner(s) to the objectives set forth in the HMC, including but not limited to Chapters 13.09, 13.15 and 13.20 of the Hubbard Municipal Code. Pursuant to ORS 91.255 and 757.069, a copy of any notice of delinquent status mailed to our tenant(s) may be mailed to the address listed below, as reflected in the tax records. In consideration for the services provided, I/we agree consent to the City transferring any claim for delinquencies against our tenants to me/us and I/we agree to assume responsibility for any such delinquent utility bills.

Print Name(s) of Owner(s) or Authorized Agent(s)

Signature of Owner(s) or Authorized Agent(s)

Mailing Address

Phone No. (Primary)

City State ZIP

Phone No. (Alternate)

Indicate Use of Property: Residential _____ Commercial _____ Other (Describe) _____

A change in non-residential use and/or occupancy may require business registration and/or land use permits.

** The Hubbard Municipal Code is on the City's website, www.cityofhubbard.org. Copies of Chapters 13.09 13.15 and 13.20 are available upon request.**

FOR OFFICE USE ONLY - UTILITY DEPOSIT RECORD

Amount Received: _____

Deposit Refund Date: _____

Receipt Date: _____

Amount Refunded: _____

Receipt No.: _____

Refund Check No.: _____

Circle Deposit type Cash _____ Check# _____ Money Order# _____