



**City of Portland
321 North Meridian Street
Portland, Indiana 47371
260-726-9395**

Effective 06-01-2007,

A PICTURE ID IS REQUIRED TO HAVE UTILITY SERVICE IN YOUR NAME

Name: _____

Spouse's Name: _____

Number of persons in household: _____

Number of Units: _____

I hereby request water and / or sewage service for the dwelling or place of business located at:

Mailing address if different from above: _____

Person other than applicant to contact in case of emergency: _____

Emergency Contact Telephone #: _____

I UNDERSTAND THAT I AM LIABLE FOR THE FEE CHARGED FOR THE USE OF WATER AT THE ABOVE ADDRESS AND ALL UNPAID CHARGES AGAINST THIS PROPERTY, PER RESOLUTION 2000-3. I UNDERSTAND IF THE TENANT'S ACCOUNT IS FINALED, CUT, AND OR TURNED OFF IT IS MY RESPONSIBILITY TO CONTACT THE UTILITIES OFFICE TO TURN ON WATER AT THIS ADDRESS AS LONG AS MY DEPOSIT IS ON FILE.

Owner's Signature

Applicant's Signature

Owner's Address

Applicant's Telephone Number

Owner's Telephone Number

Date Signed

Date Signed

Account Number: _____