

- ☐ Owner
- ☐ Tenant
- ☐ Property Manager

CITY OF ROSEBURG
 900 SE Douglas, Roseburg, OR 97470
Application for City Utilities
Please Print



Today's Date: _____ Service Start Date: _____

Landlord: _____

Service Location: _____ Landlord Phone No: _____

First Applicant

Full Name: _____ **Date of Birth:** _____

Last First Mi

Billing Address: _____

Street City State Zip

TIN or Social Security No: _____ **Driver's License No. / State ID Card:** _____

Daytime Phone No: _____ **Home Phone No:** _____

Email Address: _____

Previous Address: _____

Street City State Zip

Employer: _____ **City:** _____

I have read and agree to abide by all the policies, rules, & regulations pertaining to my water service as they now exist, or as they may become changed or amended by the City of Roseburg.

Applicant's Signature: _____

For City Use - Do Not Fill In

Identity Check Information :

Other Responsible Individual

Full Name: _____ **Date of Birth:** _____

Last First Mi

TIN or Social Security No: _____ **Driver's License No. / State ID Card:** _____

Daytime Phone No: _____ **Home Phone No:** _____

Email Address: _____

Previous Address: _____

Street City State Zip

Employer: _____ **City:** _____

I have read and agree to abide by all the policies, rules, & regulations pertaining to my water service as they now exist, or as they may become changed or amended by the City of Roseburg.

Applicant's Signature: _____

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Identity Check Information :