



## City of Independence

555 S. Main Street, P. O. Box 7, Independence, OR 97351

Phone: 503.838.1212 Fax: 503.606.3282

Utility Billing Email: [billing@ci.independence.or.us](mailto:billing@ci.independence.or.us)

### **Application for Utility Service** **TENANT**

The undersigned hereby applies for Sewer and/or Water Services, and agrees to the following terms and conditions:

1. The applicant will abide by the Independence City Code and rules and regulations adopted for the utility system. (IMC Chapter 34 – Utilities)\*
2. The applicant will provide the information below, per IMC Section 34-401 - Application for Utility Service.\*

\*For the most current Independence City Codes, please go to  
[https://library.municode.com/or/independence/codes/code\\_of\\_ordinances](https://library.municode.com/or/independence/codes/code_of_ordinances)  
and search the IMC sections and chapters listed above or ask at City Hall.

**SERVICE ADDRESS:** \_\_\_\_\_ **DATE SERVICE REQUESTED:** \_\_\_\_\_

**OCCUPANT (S):** \_\_\_\_\_

**IF A BUSINESS, YOUR BUSINESS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CELL PH:** \_\_\_\_\_ **WORK PH:** \_\_\_\_\_ **HOME PH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NAME & PHONE #:** \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**Property Owner or Management Company will be contacted to verify applicant information.**

**The City of Independence does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon or local law.**