

Westport Water Association

WWA - A co-operative non-profit organization

49206 Hwy 30 Westport OR 97016

503.455.9201

Application for Water Service

Date: _____ Date Service Requested: _____

Applicant Name[s]: _____

Location of Property Served/Purpose: _____

Mailing Address [If Different]: _____

Home Phone: _____ Alternate Phone: _____

Person's name that can be reached at alternate number: _____

E-Mail Address: _____

I have read the rules and regulations on the following pages and understand they will be strictly enforced as a condition of continued water service.

Signature[s]: _____ Date: _____

Owner ___ Renter ___ [* see immediately below]

- If an applicant is not the owner of the property for which service is being requested, the owner must sign the application.

I, [print name] _____, am the owner or agent for the property for which water service is being requested. If the applicant fails to make payments in accordance with the rules, regulations, and ordinances of Westport Water Association, I agree to be liable for those charges.

_____ Date: _____

[Signature of Rental Property Owner or Agent]

Owner/Agent E-Mail: _____

Owner/Agent Mailing Address: _____

Owner/Agent contact phone number: _____

Senior Rate; 62 years old and older: yes _____ no _____ Applicant needs to be responsible to tell WWA when you turn 62.

New Account Number: _____ WWA Board Approval Date: _____