



McNulty Water

Customer Service Application

P.O. Box 260
St. Helens OR 97051
503-397-1301
www.mcnultywater.com

The undersigned applicant(s) hereby makes application to McNulty Water PUD for water service as described below. The applicant assumes responsibility for financial payment for service provided to the service address described below.

| |
|---------------------------------------|
| Date |
| Requested Start Date of Water Service |

Customer Information

| | |
|---|---|
| Applicant Name (Last, First)* | Co-Applicant Name (Last, First) |
| Applicant Signature | Co-Applicant Signature |
| Applicant State Issued ID number and Issuing State (must present to office) | Co-Applicant State Issued ID number and Issuing State |
| Mailing Address | |
| City, State, Zip | Email Address |
| Phone Number | Alternate Phone Number |
| Place of Employment | Employer Phone Number |

Property Information

| | |
|--|--|
| Water Service Address (Check if same as Mailing Address) | |
| City, State, Zip code | Current Status of Water Service (On, Off, No Service, Not Sure) |
| Non-typical water uses at the service address (check all that apply) <input type="checkbox"/> Hot Tub <input type="checkbox"/> In Ground Sprinkler system <input type="checkbox"/> Pool <input type="checkbox"/> Fish Pond <input type="checkbox"/> Other _____ | Additional Water Sources at the Service (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Other _____ |

Owner Information

| | |
|---|----------------------|
| *If the 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 of the property for which water service is being requested. If the applicant fails to make payment in accordance with the rules, regulations and ordinances of McNulty Water PUD, I agree to be liable for those charges. The above information is that of the person responsible for the water service with a starting date of _____. | |
| Signed _____ Date _____ (Signature of Property Owner or Agent) | |
| Owner's Mailing Address | |
| Owner's City, State, Zip code | Owner's Phone Number |

I have received and understand the Customer Service Agreement document _____ (initial)