

**CITY OF VERNONIA UTILITY ACCOUNT APPLICATION**  
**1001 BRIDGE ST, VERNONIA, OR 97064**  
**503-429-5291 :: 503-429-4232 (fax)**  
[utilities@vernonia-or.gov](mailto:utilities@vernonia-or.gov)

Date of Application \_\_\_\_\_ Date Service Required \_\_\_\_\_

Name of applicant \_\_\_\_\_

Name of Co-applicant \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Phone Number \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Date of Birth \_\_\_\_\_ I would like to receive my bill via email:

Email address: \_\_\_\_\_

Account type: Residential  Commercial  Own  \* Renting

By signing below, I agree to comply with all rules and regulations pertaining to utility services provided by the City of Vernonia. If my account becomes delinquent, after written notice from the City, I understand and agree that the City will discontinue service and/or refer my account to a collection agency.

**Signature of Applicant**

**Date**

**\*For Rental Properties:**

Owner of property will be held responsible for any uncollectable balance on renter's utility account. The property owner's signature is required on all utility accounts.

Name of Property Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Signature of Owner**

**Date**

FOR OFFICE USE ONLY

Application Fee \_\_\_\_\_ Refundable Deposit \_\_\_\_\_ Receipt Number \_\_\_\_\_

Date Paid \_\_\_\_\_ Received By \_\_\_\_\_ Acct Number \_\_\_\_\_

S Con 46 Reset for new customer