## CITY OF VERNONIA UTILITY ACCOUNT APPLICATION 1001 BRIDGE ST, VERNONIA, OR 97064

503-429-5291 :: 503-429-4232 (fax)

utilities@vernonia-or.gov

Date	Date Service Required	Account Number	
Name of applicant_			
Name of Co-applica	ınt		
Service Address			
Mailing Address if o	different		
Phone Number	(home)	(work)	(cell)
Date of Birth	Email		
I would like t	to receive my bill via email.		
Account type: Resid	dential Commercial	Own	* Renting
	ADMINISTRATIO	ON FEE	
which may legally b delinquent, after wri choosing, discontinu	ning below, I agree to conform and be enforced while this agreement confitten notice from the City, I understue service, refer my account to a conwill upon request, supply the appliant force.	continues. If my accounstand and agree that the collection agency and/or	nt becomes City may at their place a lien on the
Signature of Applica	ant	Da	ate
*If renting, property	owner's signature and contact inf	formation is required:	
Name of Property O	Owner(s)		
Mailing Address			
Phone Number	email	1	
	FOR OFFICE USE	ONLY	
Application Fee			
Date Paid	_ Received By		
S Con 46 Reset for new	customer		