

# CITY OF THE DALLES

## Application for Water and/or Sewer Service - Commercial PLEASE PRINT CLEARLY

**Verification and Approval by the City Attorney is required prior to connection of services.  
Proof of Identity and Signature of Authorized Agent is required.**

Please provide a photo-bearing document to establish identity, such as:

- ✓ State issued Driver's License OR State issued Identification Card
- ✓ Passport
- ✓ Documents containing an alien identification number and country of issuance; or
- ✓ Any other photo-bearing government issued document evidencing nationality or residence.

Business/Trade Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Legal Business Name \_\_\_\_\_

State Registry # \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

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

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

Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ General Partner \_\_\_\_\_

Restaurant: seating capacity \_\_\_\_\_ Lodging: number of rooms \_\_\_\_\_

Other – Please explain \_\_\_\_\_

Name & Title of Owner or Authorized Agent \_\_\_\_\_

Owner or Authorized Agent Info: Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_ Employee ID# \_\_\_\_\_

I/we, the applicant, hereby apply for the following designated Utility Services,  Water  Sewer  
and Stormwater, if applicable, and agree to:

- purchase from the City all of these designated services used on the premises, and
- to pay all utility bills and fees promptly in accordance with established City schedules, and
- to comply with and be bound by such ordinances, rules, regulations, and rate schedules as may be established by the City Council, and
- to notify the City in writing when moving or transferring any services.

I/we, the applicant, understand that this application, upon its approval, shall become a contract for service between the applicant and the City. All City equipment and lines must be accessible to City personnel at all times for meter reading and maintenance purposes. Temporary service interruptions may occur and pressures are not guaranteed.

Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

City Attorney Verification Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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City Use Only: Intake by \_\_\_\_\_ Location ID# \_\_\_\_\_

Work Order # \_\_\_\_\_ SDC# \_\_\_\_\_

# CITY OF THE DALLES

## Chenowith PUD Water Customers ONLY

### Consent Form

*This consent form is required as a part of the application for sewer service at any non-residential property receiving water service from the Chenowith PUD.*

Business/Trade Name \_\_\_\_\_

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

Name & Title of Owner or  
Authorized Agent (Please print legibly) \_\_\_\_\_

**I am a consumer receiving water service from the Chenowith PUD at a non-residential property that is connected to and receives sewer service from the City of The Dalles.**

**I hereby authorize the Chenowith PUD to provide information to the City of The Dalles concerning the amount of water consumed at any property under my control that fits the description above. I understand that the information disclosed will be used by the City to calculate charges for sewer service.**

Authorized Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

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