P.O. Box 20 190 N. Main Street
cityhall@cityofadamsoregon.us
541-566-9380

City of Adams
Water Department

REQUEST FOR:

_____ OPEN AN ACCOUNT
_____ Account Termination

PHYSICAL LOCATION OF USE:_____

CURRENT OWNER OF RECORD:_____
MAILING ADDRESS: _____
PHONE NUMBER: _____

RESIDENT/RENTER: _____
MAILING ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____
Date of Birth _____ SSN: _____License/ID#_____
Email Address:_____ Receive Bill by Email _____yes _____ No

Water Department Account to Read:
Name: _____

Customer Signature: _____
Date: _____

Water Clerk Signature_____
Approved _____ Denied _____ Date _____
ACCOUNT NUMBER _____