



City of Adams

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WATER DEPARTMENT

REQUEST FOR:

OPENING AN ACCOUNT: _____

ACCOUNT TERMINATION: _____

CHANGE CUSTOMER NAME ON ACCOUNT: _____

PHYSICAL LOCATION OF USE: _____
MAILING ADDRESS: _____

Current Owner of Record:

Name: _____

Address: _____

Phone Number: _____

Consumer 1 Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ SSN: _____ License/ID#: _____

Consumer 2 Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ SSN: _____ License/ID#: _____

Email Address: _____

Water Department Account to Read:

Name: _____

Customer Signature: _____

Date: _____

Water Clerk Signature: _____

APPROVED: _____ (DATE) DENIED: _____ (DATE)