

CITY OF CANNON BEACH APPLICATION FOR UTILITY SERVICE

Name:					
Billing Address:	City:	Sta	ate:	Zip:	
Telephone:	Alter	Alternate Phone:			
Driver's License:	SSN:				
EMAIL:					
No Please choose one	ice with Cannon Beach the last two of the options below ution:				
charged customers on water and Cannon Beach during the past t satisfactory credit performance	18, Section 2 of the Cannon Beach d sewer service when the applicant two years. The deposit shall be refu . It is the City's policy to require the t with the City and did not have a s	has not had a utility a unded after one year if ne same deposit if a cu	account verthe cust istomer r	with the City of comer has shown a requesting service has	
understand that if the deposit is received. I agree to keep curren	e to pay the \$100.00 deposit, if require not paid within seven (7) days, sent my water/sewer account with the to City of Cannon Beach with you	rvice will be discontin City of Cannon Beac	ued until	l the deposit is	
OR - Option 2) To set form. Please attach a voided ch	up "Direct Pay" please fill out the eck.	Automatic Payment F	'lan Reqi	uest Authorization	
Applicant's Signature:		Date:			
For staff use only:					
Date Deposit Paid		Auto Pay			
Deposit Amount					
Receipt Number					
Date Refund Due		UB Account #			