



Wickiup Water District

Serving the Svensen Community since 1938

92648 Svensen Market Rd.

Astoria Oregon 97103

(503) 458-6555

Date _____

Account # _____

APPLICATION AND AGREEMENT

Name of applicant: _____

Name of spouse: _____

Address: _____

Phone Number(s): _____

Email: _____

Employer: _____

Employer Phone: _____

In the event of an emergency, such as a broken pipe, major leak, or other unforeseen occurrence, we may need to notify your household immediately. Please list an additional emergency contact:

Name, Address, Phone: _____

Deposit amount \$ 100.00

Upon execution of this application, the applicant acknowledges the receipt of a copy of the rules, regulations and rates of the Wickiup Water District, and hereby agrees to abide by all such rules, regulations, and rates.

Applicant Signature

***Please include legal documentation showing proof of ownership.**