



City of Hood River  
Water Department

**This form MUST be completed and returned before your account can be setup.**

Forms may be returned via:

In person/mail - 211 2nd 2nd St. Hood River OR 97031

Email - [utilities@cityofhoodriver.com](mailto:utilities@cityofhoodriver.com)

Fax - 541-387-5289

Thank you for your prompt attention to this matter.

Hood River Water Dept.  
541-387-5216

**CITY OF HOOD RIVER  
UTILITY ACCOUNT SERVICE FORM**

*\*A \$10 processing fee will be applied to all new and terminating customers (applied to first and last bill)*

Date Called \_\_\_ \ \_\_\_ \ \_\_\_

Effective Date \_\_\_ \ \_\_\_ \ \_\_\_

Account Number (office use only)

Move In \_\_\_ Move Out \_\_\_

Owner \_\_\_ Renter \_\_\_

**Occupant(s) Name:**

*as it will appear on account*

**X**

**Service Address**

**Mailing Address**

**Phone Number(s)**

**OCCUPANT(S) PLACE OF EMPLOYMENT:**

**EMAIL:**

**SHORT TERM VACATION RENTAL ? (LESS THAN 30 DAYS) YES NO**

*If you are the renter you must submit the Owner(s) information below.*

*Owner(s) signature is REQUIRED for service to be setup.*

**Owner(s) Name**

**Owner(s) Address**

**Phone Number**

I UNDERSTAND THAT IF I DO NOT PAY MY UTILITY BILL IN A TIMELY MANNER, THE OWNER OF THE PROPERTY WILL BE NOTIFIED. I ALSO UNDERSTAND THAT SERVICES MAY BE TERMINATED UNTIL PAYMENT IS RECEIVED. AS CONSIDERATION FOR UTILITY SERVICES PROVIDED BY THE CITY OF HOOD RIVER, I AGREE TO COMPLY WITH ALL APPLICABLE ORDINANCES, RESOLUTIONS AND POLICIES OF THE CITY OF HOOD RIVER.

**Occupant Signature(s)**

**X**

**Owner Signature(s)**

**X**