



# THE CITY OF MADRAS

## WATER/SEWER SERVICE REQUEST

125 SW E Street, Madras, OR 97741  
 P: (541) 475-2344 F: (541) 475-7061

REQUEST INFORMATION	
Date:	Requested Start Date:
Name(s) as appears on deed or rental agreement:	Phone Number(s):
Email Address:	
Service Address:	
Are you purchasing or renting this property? If renting, please provide the Landlord's name and phone number:	
If different than the service address, please provide billing address below: Address: _____ State: _____ Zip: _____	
We require at least a 24-hour notice of change to account. Water service will be available within 24 hours of request. A refundable deposit is required on all accounts unless you are the owner of the property. The deposit amount will be based on the utility service that is provided by the City of Madras.	
<b>Customer Signature(s)</b> _____	

City of Madras is an Equal Opportunity Employer

FOR OFFICE USE ONLY	
Account Number: _____	Prev. Active Acct #: _____
Water/Sewer: _____	Sewer: _____
Deposit Amount Paid: _____	Check _____ Cash _____ Credit Card _____ Receipt: _____
Turn Meter: ON: _____ OFF: _____	Meter ID # _____ Meter READING: _____
Cartograph Request Submitted <input type="checkbox"/>	Request Taken From: Comments:
New Customer Email <input type="checkbox"/>	
Synced to Document Management <input type="checkbox"/>	