

# OCEANSIDE WATER DISTRICT

P.O. BOX 360

OCEANSIDE, OR. 97134

PHONE (503) 842-0370

[oceansidewaterdistrict@gmail.com](mailto:oceansidewaterdistrict@gmail.com)

[OWD-Oregon.org](http://OWD-Oregon.org)

## APPLICATION FOR WATER SERVICE

Account # Tax Lot # Meter # (office use only)
--

Name: \_\_\_\_\_ Date of Ownership: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_ Emergency# \_\_\_\_\_

Email: \_\_\_\_\_ Paperless Billing: Yes/No

The Owner of Record will be billed for all water usage. Any change in ownership or billing address must be immediately made to the Oceanside Water District.

I, the owner, guarantee the payment of all charges and compliance with all regulations by me and the occupants.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**After signing, please return to the above address.**