



Utility Start Service Request

City of Brookings

898 Elk Drive

Brookings, OR 97415

541-469-1125 fax 541-469-3650

Please complete this form to create a Utility Account with the City of Brookings. All fields are required.

- 1) Utility bills are mailed by the 5th working day of the month and are due upon receipt.
- 2) Accounts become delinquent if not paid by the 25th of the month.
- 3) Accounts not paid by the 25th of the month will be assessed a \$20.00 late fee.
- 4) Shut off notices are sent on the last working day of the month. The notice will indicate when shut off will occur if payment has not been received. A \$45.00 shut off fee will be assessed if service is not paid by the date indicated on the shut off notice.
- 5) If a cell phone number is provided, you agree to receive text messages regarding your account.
- 6) Deposits will remain on account until service is discontinued. Deposits will be applied to final bill.
- 7) Account holders in delinquent status after service termination will be sent to collections.
- 8) Account holders will comply with utility rules, regulations and rate schedules set forth by the City Council of Brookings, Oregon.

Service Address: _____

Billing Address: _____

Your utility bill will be mailed to this address

Start Service Date: _____

Renter or Owner? Renter Owner

ACCOUNT HOLDER INFORMATION	ACCOUNT HOLDER INFORMATION
Name: _____	Name: _____
Phone # (home): _____	Phone # (home): _____
Phone # (cell): _____	Phone # (cell): _____
Email: _____	Email: _____
Soc Sec #: _____	Soc Sec #: _____
Drivers Lic: _____ Number State	Drivers Lic: _____ Number State
Date of Birth: _____	Date of Birth: _____
Employer: _____	Employer: _____
Employer's Phone #: _____	Employer's Phone #: _____
Property Owner/Landlord: _____	Property Owner/Landlord: _____
Mailing Address: _____	Mailing Address: _____
Phone #: _____	Phone #: _____
<small>I certify that the above information is true and I am responsible for payment of account. I understand my landlord/property owner may be contacted if my account becomes delinquent.</small>	<small>I certify that the above information is true and I am responsible for payment of account. I understand my landlord/property owner may be contacted if my account becomes delinquent.</small>
Signature: _____	Signature: _____

Initial one option below:

_____ I authorize the City of Brookings to obtain a credit report.

_____ I waive my option to have a credit report obtained. I elect to pay the \$300.00 security deposit.

For Office Use Only			
Deposit:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
	Prior Bal Ck'd _____		Read Form Completed _____
Account #:	EMR ID #	CT _____	