CITY OF BANDON
P.O. BOX 67
BANDON, OR 97411
541-347-2437

RESIDENTIAL SERVICE APPLICATION

PRINT OR TYPE ALL INFORMATION **FORM MUST BE COMPLETELY FILLED OUT - ALL BOXES**

NAME:			PHONE NO.:
OTHER NAMES USED (MAIDEN, ETC.):			
CELL PHONE (OR MESSAGE PHONE):			
SOCIAL SECURITY NO.:		DATE OF BIRTH:	
DRIVER'S LICENSE NO.:	STATE:	EXPIRES:	
BANK:	BRANCH:	☐ SAVINGS ☐ CHECKING	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
NUMBER OF CHILDREN LIVING WITH YOU:	LIST THEIR NAMES:		
OCCUPATION:		HOW LONG:	
EMPLOYER:		PHONE NO.:	
IS THERE GOING TO BE ANY COMMERCIAL ACTIVITY AT THIS SERVICE ADDRESS?			
IF YES, DESCRIBE:			
EMERGENCY CONTACT PERSON:		RELATIONSHIP:	
ADDRESS:		PHONE NO.:	
DO YOU (check one) RENT ☐ OWN ☐ OTHER ☐		IF OTHER PLEASE EXPLAIN:	
LANDLORD NAME:		PHONE NO.:	
PLEASE GIVE NAME AND CITY OF PREVIOUS UTILITY COMPANY:			

Please provide the following information so that the City of Bandon will be in compliance with Title VI of the Civil Rights Act of 1964. The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that the City of Bandon complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

Please check the appropriate information below:

RACIAL CATEGORIES: ☐ American Indian or Alaskan Native(AIAN) ☐ Asian (ASN)
☐ Black or African American (BAA) ☐ Native Hawaiian or Pacific Islander (NHPI) ☐ White (W)
☐ Other (OTH) ☐ Mixed Race (MR)

ETHNIC CATEGORIES: Hispanic or Latino ☐ Yes ☐ No

SPOUSE OR CO-APPLICANT

NAME:			PHONE NO.:
OTHER NAMES USED (MAIDEN, ETC.):			
SOCIAL SECURITY NO.:		DATE OF BIRTH:	
DRIVER'S LICENSE NO.:	STATE:	EXPIRES:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:	CITY:	STATE:	ZIP:
OCCUPATION:		HOW LONG:	
EMPLOYER:		PHONE NO.:	
EMERGENCY CONTACT PERSON:		RELATIONSHIP:	
ADDRESS:		PHONE NO.:	

OTHER ADULTS LIVING AT THE SERVICE ADDRESS		
NAME:		
OTHER NAMES USED (MAIDEN, ETC.):		
SOCIAL SECURITY NO.:	DATE OF BIRTH:	
DRIVER'S LICENSE NO.:	STATE:	EXPIRES:
NAME:		
OTHER NAMES USED (MAIDEN, ETC.):		
SOCIAL SECURITY NO.:	DATE OF BIRTH:	
DRIVER'S LICENSE NO.:	STATE:	EXPIRES:

I HEREBY SWEAR THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I WILL ASSUME THE FULL RESPONSIBILITY OF ALL FINANCIAL OBLIGATIONS AT THE ABOVE SERVICE ADDRESS AND ADHERE TO ALL RULES AND REGULATIONS AS STATED IN THE UTILITY SERVICE POLICY. I UNDERSTAND THAT INTEREST, ON UNPAID ACCOUNT BALANCES, IS CARRIED FORWARD TO THE NEXT MONTH'S BILL. IF IT IS NECESSARY TO REFER THIS ACCOUNT FOR COLLECTION, I WILL BE RESPONSIBLE FOR ANY AND ALL COLLECTION AGENCY FEES UP TO 50% OF THE AMOUNT PLACED WITH THE COLLECTION AGENCY. IN THE EVENT THAT LEGAL ACTION IS TAKEN FOR COLLECTION ON MY ACCOUNTS, I WILL ALSO BE RESPONSIBLE FOR ANY AND ALL FEES ASSOCIATED WITH COURT COSTS, GARNISHMENT AND/OR ATTORNEY FEES.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF SPOUSE OR CO-APPLICANT DATE

I FURTHER CERTIFY THAT I HAVE NO PAST OBLIGATIONS WITH THE CITY OF BANDON AND FURTHER IF I DO THAT AMOUNT SHALL BE ADDED AND CONSIDERED AS A PART OF THIS ACCOUNT SUBJECT TO PAYMENT IN THE SAME MANNER.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF SPOUSE OR CO-APPLICANT DATE

FOR OFFICE USE ONLY

SERVICE ADDRESS:____

CITY POLICY EXPLAINED:_____ PICTURE ID:_____ RBD FILE CHECKED:_____

DATE DEPOSIT PAID:_________________ DATE SERVICE FEE PAID:_____________

DO YOU OR DOES ANYONE IN YOUR FAMILY HAVE HEALTH PROBLEMS WHERE A POWER OUTAGE WOULD AFFECT YOUR/THEIR HEALTH? NO_____ YES_____ FOR WHAT REASON?:

____

IF YES, WILL CONSUMER PROVIDE NOTE FROM PHYSICIAN?: YES_____ NO_____

COMMENTS: ____

PLANNING: APPROVED_____ NOT APPROVED:_____

CONDITIONS: ____

AUTHORIZING SIGNATURE DATE

REVISED 12/11/14