



**Neskowin Regional Water District**

PO Box 823

Neskowin, OR 97149

Phone: (503)392-3966

Email: [nrwd@neskowinwater.com](mailto:nrwd@neskowinwater.com)

Web: [www.neskowinwater.com](http://www.neskowinwater.com)

**APPLICATION FOR HOOK-UP AND WATER SERVICE**

DATE: \_\_\_\_\_

APPLICANT/OWNER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

NESKOWIN PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WK. PHONE #: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

(Street Address) \_\_\_\_\_

TAX LOT #: \_\_\_\_\_

(example: 5S 11W 24BD 2400)

\*After approval of this application & the meter installation, you become a customer of the District. Water service will be furnished and billing statements will begin. Charges will be in accordance with all applicable District resolutions.

***SYSTEM DEVELOPMENT CHARGE FOR A NEW CONNECTION IS.***

***\$13,046.22 IN ADVANCE***

SIGNATURE OF APPLICANT: \_\_\_\_\_

**OFFICE USE ONLY**

Acct # \_\_\_\_\_

SDC PMT: \_\_\_\_\_

Meter # \_\_\_\_\_

Service Date: \_\_\_\_\_