



Owner  Renter  Prop Mgmt  
SELECT ONE

### Service Request (Please Print)

Resident  LandLord  Business  
SELECT ONE

Applicant (Last, First, MI) or Bus Name: \_\_\_\_\_

Co-Applicant (Last, First & MI): \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt/Space #: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

Date to Start Service: \_\_\_\_\_

Have you ever had service with McMinnville Water & Light?  Yes  No

Auto Draft Payment Method: SMARTbill \_\_\_\_\_ Initials A voided check is required for Smartbill.

**NOTICE: A Customer Processing Charge of \$22.00 will be added to your first bill.**

**Valid Photo Identification & Rental/Lease Agreement or Proof of Ownership Required for All Service Connections**

**\* Your Social Security # can be used in lieu of a Security Deposit.**

SSN # or Tax ID: _____	Social Security #: _____
DoB or Inc Date: _____	Date of Birth: _____
Driver's License or ID: _____	Driver's License or ID: _____
Employer: _____	Employer: _____
Business Telephone: _____	Business Telephone: _____
Home Telephone: _____	Home Telephone: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email Address: _____	Email Address: _____

I/we hereby certify that the personal information provided above is true and accurate.  
(Falsification of information can be used as justification for termination of credit agreement.)  
\*Social Security # will be kept confidential pursuant to ORS 192.502(2), ORS 192.502(4). Social Security # may be used to collect delinquent accounts in our collection process, as necessary. Customer information procedures are established in MWL Customer Policies as approved by the MWL Commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (503) 472-6158 Fax: (503) 472-5211 Post Office Box 638; 855 NE Marsh Lane; McMinnville, Oregon 97128-0638

Scanner: \_\_\_\_\_