

**For Official Use:**

**Water** \_\_\_\_\_

**Sewer** \_\_\_\_\_

**Water Tax** \_\_\_\_\_

**Sewer Tax** \_\_\_\_\_

**Turn on/off Fee** \_\_\_\_\_

**Total Due** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**By: Cash** \_\_\_\_\_

**Check** \_\_\_\_\_

**Current Meter Read:**

\_\_\_\_\_



**111 South 1<sup>st</sup> St  
Dayton, WA 99328  
(509) 382-2361**

**APPLICATION FOR UTILITY SERVICES**

1) EFFECTIVE DATE OF SERVICE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

2) CUSTOMER NAME(S) \_\_\_\_\_

3) SERVICE ADDRESS \_\_\_\_\_

INSIDE CITY LIMITS \_\_\_\_\_ OUTSIDE CITY LIMITS \_\_\_\_\_

4) MAILING ADDRESS \_\_\_\_\_

5) CONTACT PHONE# \_\_\_\_\_ EMERGENCY CONTACT# \_\_\_\_\_

6) E-MAIL ADDRESS: (Optional) \_\_\_\_\_

7) ARE YOU RENTING? YES \_\_\_\_\_ (Complete #9 on next page) NO \_\_\_\_\_

8) DO YOU OWN ANY DOGS? YES \_\_\_\_\_ (If yes, please read below) NO \_\_\_\_\_

IF YES, HOW MANY? \_\_\_\_\_

**(City of Dayton requires licenses for any dogs residing inside city limits. Licenses must be purchased within 30-days of moving into Dayton. No dog license shall be issued without proof of rabies and, if applicable, alteration.)**

By entering into this service agreement, I hereby grant the City of Dayton permission to enter and remain upon the property of the above service address for the purpose of installing, monitoring, repairing and/or terminating utility services described in this agreement. Such permission to enter and remain upon said property shall be effective for the duration of the service agreement.



THE FOLLOWING INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THIS PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION. BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANYWAY. HOWEVER, IF YOU CHOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE/NATIONALITY ORIGIN OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

**ETHNICITY**

HISPANIC OR LATINO \_\_\_\_\_ NOT HISPANIC OR LATINO \_\_\_\_\_

**RACE**

AMERICAN INDIAN/ ALASKAN NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR PACIFIC ISLANDER

WHITE

\_\_\_\_\_

\_\_\_\_\_

MALE

FEMALE