

City of Brookings

898 Elk Drive
Brookings, OR 97415
Phone: 541-469-1125
Fax: 541-469-3650
www.brookings.or.us



START SERVICE

Today's Date: _____
Start Service Date: _____
Service Address: _____
Circle One: Renter Owner
Name: _____
Mail Address: _____
City, State, Zip: _____
Phone: _____
Owner/Landlord: _____
Mail Address: _____
City, State, Zip: _____

****The following is for Office Use Only****

Account #: _____ Deposit \$: _____
Receipt #: _____ Date Read: _____
Sequence #: _____ Meter Reading: _____
Meter #: _____ Reader: _____
Register #: _____

OUT OF AREA* Start Service Request

Instructions:

1. Print out this form.
2. Contact the Utility Billing Clerk in the Administrative Services Department at 541-469-1125 to determine the correct deposit amount.
3. Complete the top portion of the Start Service form on the left side of the page.
4. Sign below before a notary public.*
5. Mail your completed, **original** notarized form, along with your deposit, to:

Administrative Services
City of Brookings
898 Elk Drive
Brookings, OR 97415

* Federal law requires that the identity of all new utility customers be verified prior to starting new service. If you are opening a new account and are unable to come into the office to provide the appropriate identification, **you must sign this form before a notary public.**

SIGNATURE: _____

State of _____
County of _____

Signed or attested before me on _____, 20____, _____.

Notary Public
Commission expires: _____