

**WATER/SEWER SERVICE  
REQUEST**

[WWW.CITYOFLAGRANDE.ORG](http://WWW.CITYOFLAGRANDE.ORG)

FAX - 541-962-1322

**CITY OF LA GRANDE**

**1000 ADAMS AVE.**

**PO BOX 670**

**LA GRANDE, OR 97850**

**PH - 541-962-1313**

Account # \_\_\_\_\_

ID # \_\_\_\_\_

MXU # \_\_\_\_\_

OFFICE USE ONLY

Date \_\_\_\_\_

DL# \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Owner \_\_\_ Yes \_\_\_ No

Meter Reading \_\_\_\_\_  
Office Use Only

I hereby request the water meter be (check one) \_\_\_ turned on \_\_\_ turned off  read only - office use only

at \_\_\_\_\_ on \_\_\_\_\_  
SERVICE ADDRESS EFFECTIVE DATE

*I understand only authorized City personnel can turn this meter on or off. Anyone turning meter on or off will be charged a \$50.00 penalty. The City of La Grande is not liable for any damages occurring to my property by reason of water leaks or damaged pipes. I agree a non-refundable connect fee will be billed on first billing. Checks returned for any reason will be assessed a \$35.00 fee.*

\_\_\_\_\_  
APPLICANTS NAME

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

PER PHONE REQUEST - (OFFS ONLY) \_\_\_\_\_ office use only

**PHOTO ID REQUIRED**

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