



Asotin County PUD

Application for Service

Name: _____

Account #: _____

CID: _____

Deposit: Paid Waived

PO Box 605 ▪ 1500 Scenic Way ▪ Clarkston, WA 99403 ▪ PH: (509) 758-1010 ▪ Fax: (509) 758-1958

FOR PUD USE ONLY

Service Information

Today's Date: _____ Service Start Date: _____

Service Address: _____ Services Provided: Water Sewer

Applicant(s) Information

Applicant Name: _____ Last 4 digits of SSN: _____

Mailing Address: _____ City: _____ State/Zip: _____

Driver's License #/State: _____ Cell: _____ Home: _____

Employer: _____ Email: _____ Printed bill

Co- Applicant Name: _____ Last 4 digits of SSN: _____

Driver's License #/State: _____ Employer: _____

Relationship to Applicant: _____ Cell: _____ Home: _____

Existing/Previous Customer - CID / Acct #: _____

Owner - Is this your primary residence? _____ Is this a rental property? _____ If so, would you like to sign up for Auto to Landlord? _____

Renter - Landlord Name: _____

Other - _____

Emergency Contact Information

Contact Name: _____ Relationship: _____ Phone #: _____

Application Agreement

The undersigned hereby applies for service at the premises described above, and agree(s) to pay the established rates and fees now in force or hereafter modified by the District. The applicant(s) agree(s) to provide photo identification when opening an account in person. Applicant has five (5) business days to provide this information, or account will be terminated. Service will continue until the District is notified to terminate or upon action as taken by the District for nonpayment of the account(s) in accordance with District policies. In the event action is taken by the District to collect any delinquency in payment, venue shall rest in Asotin County, Washington, and the applicant(s) agree(s) to pay all amounts due including but not limited to, late charges, interest, and any reasonable sum as attorney fees and costs associated with collection services that may be allowed by law. Payment of the utility service deposit (\$100.00) must be received prior to activation of the utility account.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Notary Public (if Applicable)

State of _____, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. Date: _____ Signature: _____ Appt. Exp: _____