



City of Newport
 200 S Washington Ave.
 Newport, WA 99156
 509-447-5611

WATER/SEWER SERVICE APPLICATION

Permit Number: _____

PROJECT INFORMATION:

Job Site Address: _____

Tax Parcel ID: _____ Legal: _____

Directions to Site: _____

Description of Work: _____

Property Owner		Contractor	
Name:		Company:	
Mailing:		Address	
City:		City	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Email:		Email:	
		License:	

Estimated Date of Occupancy: _____ Water Service Size: _____

Circle One: RESIDENTIAL or COMMERCIAL Will you rent this Address: _____

Renters Name: _____ Renters Mailing: _____

State & Zip: _____ Renters Phone Number: _____

Will renters receive monthly bills: _____ (As the owner you will always receive a copy of the bill.)

Property Owner Signature: _____ Date: _____

DEPARTMENT USE ONLY BELOW

Installed By: _____	Date: _____
Inspected By: _____	Date: _____
Connection Fees: _____	Date Paid: _____
Meter & Parts: _____	Date Paid: _____

Water Meter Only:
Serial Number: _____
Date Installed: _____
Reading: _____
Account Number: _____