

## **RIVERGROVE WATER DISTRICT**

17661 Pilkington Road, Lake Oswego, OR 97035
Telephone: 503-635-6041 | Email: rgwd@rivergrovewater.com

## **Customer Service Agreement**

Account Number:	Servic	Service Location:		
Effective Date:	Deposit Check Number:			
provide water service to the service of the Rivergrove Water District, incat the District office. Customers a	location listed about Huding the Districations Oregree that should	ove. Customers agre t's Water Service Or I collection of deli	with the Rivergrove Water District to e to abide by all rules and regulations dinance, a copy of which is available nquent accounts be necessary, the attorney fees at trial and on appeal.	
check, cashier's check, or money	<b>order.</b> This depo	osit will be applied quired deposit will b	sit which shall be paid by personal to unpaid customer obligations or be kept in an interest-bearing account	
Owner				
Name:		Joint Applicant's Name:		
Home Number:	Cell Number:		Work Number:	
Owner's Signature:			Date:	
Owner's Signature:			Date:	
Tenant				
Name:		Joint Applicant's	Name:	
Address:		Email:		
Home Number:	Cell Number:		Work Number:	
Tenant's Signature:			Date:	
Tenant's Signature:			Date:	
Landlord's Name:		Landlord's Phone Number:		
Landlord's Signature:			Date:	
Preferred methods of communication	on (Check all that	apply)		
☐ Phone ☐ Email ☐	☐ US Mail ( <i>All bi-ı</i>	monthly billing will l	be sent via U.S. Mail only)	
Customers authorize the District sta	ff to leave detaile	d voicemails at pho	ne numbers listed above.	
☐ Yes ☐ No				
Accepted by the District this	day of		by:	