



Completed application can be sent to:
Hiland Water Corp
PO Box 699
Newberg, OR 97132
 or scanned and **emailed to info@hilandwater.com**

Phone: 503-554-8333
 1-855-554-8333(TF)
 Mail: P.O.Box 699
 Newberg, OR 97132
 Email: info@hilandwater.com
 Internet: www.hilandwater.com

The undersigned applicant(s) hereby makes application to Hiland Water Corp for water service as described below. The applicant assumes responsibly for financial payment for service provided to the service address described below.

Date
Requested Start Date of Water Service ²

Customer Information

Applicant Name (Last, First) ¹	Co-Applicant Name (Last, First)
Applicant Signature ¹	Co-Applicant Signature
Applicant State Issued ID Number and Issuing State ³	Co-Applicant State Issued ID Number and Issuing State
Mailing Address	
City, State, Zip code	Email Address
Phone Number	Alternate Phone Number

Property information

Water Service Address (Check if same as Mailing Address <input type="checkbox"/>)	
City, State, Zip code	Current Status of Water Service (On, Off, No Service, Not Sure)
Non-typical water uses at the service address (check all that apply) <input type="checkbox"/> Hot tub <input type="checkbox"/> In Ground Sprinkler system <input type="checkbox"/> Pool <input type="checkbox"/> Fish Pond <input type="checkbox"/> Other _____	Additional Water Sources at the service (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Other _____

Owner Information

¹If an applicant is not the owner of the property for which service is being requested, the owner must sign the application:

I, (print name) _____, am the owner of the property for which water service is being requested. If the applicant fails to make payments in accordance with the rules, regulations and ordinances of Hiland Water Corp, I agree to be liable for those charges. The above information is that of the person responsible for the water service.

 (Signature of Property Owner or Agent) Date: _____

Owner's Mailing Address (Check if same as Mailing Address <input type="checkbox"/>)	
Owner's City, State, Zip code	Owner's Phone Number

Application Information

²Service dates cannot be guaranteed. Please allow two (2) working days for processing this application. Each service is unique and may require additional scheduling and/or construction fees.
³Please include a copy or scan of the applicant's state issued identification (License or Identification Card)
 *A **\$30 activation fee** will be added to the first billing.
 *If you sign up for Auto Pay at the time of your application, a **\$5 credit** will be applied to your new account.