



BROOKS COMMUNITY SERVICE DISTRICT

Update my water/sewer account information

Sign me up for sewer service | Service Start Date:

SERVICE ADDRESS:

O R E G O N

Please fill out this form thoroughly and to the best of your knowledge. If you have any questions or need any assistance, please contact the District Office at (503) 588-5084 or servicedistricts@co.marion.or.us

TENANT/OCCUPANT INFORMATION

CONTACT NAME:	BUSINESS NAME: <i>(if applicable)</i>
MAILING ADDRESS:	MAILING ADDRESS CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL ADDRESS:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
END OF LEASE DATE: <i>(if applicable)</i>	

OWNER INFORMATION

Same as Tenant

CONTACT NAME:	BUSINESS NAME: <i>(if applicable)</i>
MAILING ADDRESS:	MAILING ADDRESS CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL ADDRESS:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	

BILLING INFORMATION:

Same as Owner Same as Tenant

CONTACT NAME:	BUSINESS NAME: <i>(if applicable)</i>
MAILING ADDRESS:	MAILING ADDRESS CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL ADDRESS:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	