



OREGON WATER WONDERLAND UNIT II  
 SANITARY DISTRICT  
 55841 SWAN RD  
 BEND, OREGON 97707  
 (541) 593-3124  
[www.oww2sd.com](http://www.oww2sd.com)

**APPLICATION AND AGREEMENT FOR SEWER SERVICES**  
 (EXISTING CONNECTIONS ONLY)

SERVICE ADDRESS LOCATION: \_\_\_\_\_

SERVICE TRANSFER DATE REQUESTED: \_\_\_\_\_

**APPLICANT'S INFORMATION**

Legal Name: \_\_\_\_\_

Mailing Address if different than service address: \_\_\_\_\_

Authorized contact, if account is under a business name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CO-APPLICANT'S INFORMATION**       **AUTHORIZED TO RECEIVE ACCOUNT INFORMATION**

Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If applicant is not the owner, please complete the following owner's information:**

**PROPERTY OWNER'S INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROPERTY MANAGEMENT COMPANY INFORMATION (if applicable)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By submitting this application, Applicant request to receive service from the sewer collection system operated by **Oregon Water Wonderland, Unit II, Sanitary District** (Sanitary District or District). Applicant acknowledges that Property is connected to the Districts sanitary sewer system and agrees to use Property's connection and District's system in accordance with all rules, regulations, resolutions, and ordinances of the Sanitary District as are now in force, together with any additions, modifications, alterations, or amendments which may be made in the future.

Applicant acknowledges and agrees that, as of the first of each month, applicant WILL be responsible for the monthly sewer service user charge. Applicant agrees to pay the full amount of each monthly sewer service user charge, even if the sewer system or service is not being used at the Property. Applicant/Owner further acknowledges and agrees that District's monthly service charges and other amounts due to the District may be collected by the Deschutes County Assessor's office, pursuant to ORS 454.225, or imposed as a lien on the Property.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_