



# CONNECT ORDER

## Baker City Water Department

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Owner  Agent  Renter

Date service requested to be turned on (Mon-Fri) \_\_\_\_\_

Mail Bills to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Employment \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ **Must bring photo ID to the Water Department in the City Hall within 10 days to avoid a disruption in service.**

I hereby agree to pay all water usage and service charges that may hereafter be incurred by reason of this connect order.

Tenant  
 Owner

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Print Name      Signature      Date

To submit this form:

- Mail or bring to: Baker City Hall, 1655 First St – P.O. Box 650, Baker City, OR 97814
- Fax to: (541) 524-2061
- Email to: [finance@bakercity.com](mailto:finance@bakercity.com)

If you have any questions, please contact Baker City Water Department at (541) 523-6541.