



WATER SERVICE APPLICATION

Medford Water Commission
 Attn: Engineering
 200 S. Ivy Street, Room 177
 Medford, OR 97501
 (541) 774-2430

engineeringreview@medfordwater.org
www.medfordwater.org

Staff Use Only:

Work Order #:
 Date Received:
 Date Reviewed:
 Application Accepted
 Application Denied:

Please complete the following information.

PROJECT INFORMATION																
Site or Project Address/Location:																
Project Description (explain why you need new water service):																
Metered Services Requested: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Qty</th> <th style="text-align: left;">Meter Size</th> <th style="text-align: left;">Operating Flow</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>5/8" x 3/4"</td> <td>(35 gpm)</td> </tr> <tr> <td>_____</td> <td>1"</td> <td>(55 gpm)</td> </tr> <tr> <td>_____</td> <td>1.5"</td> <td>(150 gpm)</td> </tr> <tr> <td>_____</td> <td>2"</td> <td>(200 gpm)</td> </tr> </tbody> </table>	Qty	Meter Size	Operating Flow	_____	5/8" x 3/4"	(35 gpm)	_____	1"	(55 gpm)	_____	1.5"	(150 gpm)	_____	2"	(200 gpm)	Auxiliary Water Source on Site: <input type="checkbox"/> Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Stream / Creek <input type="checkbox"/> Existing Water Meter <input type="checkbox"/> _____
Qty	Meter Size	Operating Flow														
_____	5/8" x 3/4"	(35 gpm)														
_____	1"	(55 gpm)														
_____	1.5"	(150 gpm)														
_____	2"	(200 gpm)														
OWNER INFORMATION																
Last Name: _____ First Name: _____																
Mailing Address:																
Phone: _____	Email: _____															
OTHER CONTACTS INVOLVED WITH THE PROJECT																
<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Plumber <input type="checkbox"/> Contractor _____ _____ _____ Email: _____	Other <input type="checkbox"/> _____ _____ _____ _____ Email: _____															

How to Submit:

To request new water service, submit this Water Service Application, a signed Responsible Party Form and draft Easement documents, if applicable, to EngineeringReview@MedfordWater.org. Contact Juston with any questions (541) 774-2441.



Staff Use Only:
BILL Project #:

RESPONSIBLE PARTY

The responsible party is the person or company that is liable for all charges/fees incurred by the project. The following information must be completed prior to any work order being issued by Medford Water Commission to perform any work on the project.

Print or Type all information:

Name of Project: _____

Location of Project: _____

Name of Company: _____

Name of Person: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

All invoices and/or refunds will be sent to the above party at the provided address.

(The person signing this form must be the same as the person listed above.)

Sign: _____ Date: _____