Kernville – Gleneden Beach – Lincoln Beach Water District
Gleneden Sanitary District
PO Box 96
Gleneden Beach, OR 97388
541-764-2475 Fax: 541-764-2459

Water / Sewer Application

Please check all that apply

☐ Transfer Existing Service   ☐ Single Family Residence   ☐ New Water Hookup
☐ Buyer   ☐ Multi Family Residence   ☐ New Sewer Connection
☐ Seller   ☐ Short Term Rental   ☐ Irrigation only Meter
       ☐ Commercial

If **transferring existing service**, notification from buyer & or seller must be received a minimum of five days prior to the closing date. Water is based on usage. Therefore, the meter must be read in order for us to bill appropriately. We do not prorate. We bill to the half or whole month depending on the closing date.

Date of Application _____

Date property closes _____

_____
Name & City/State of Title Company

For new service, please contact the office prior to making payment to ensure proper payment. Rates/Fees are based on meter size. If applicable, water meter will not be placed until sewer fees are also paid. Payment of new services must be made in two separate checks.

Map Number _____

Tax Lot _____

_____
Name of Applicant for *new* service

Property Owner Name (one name only, please print) & ▶   **Address of Property as assigned by Lincoln County**

Billing Address if different from property address   **City**   **State**   **Zip**

Phone Number(s) _____   **Alternate** _____

Email Address _____

Signature of Property Owner   **Signature of Applicant for *new* service**

By signing this Application, owner and / or applicant agree to comply with the Ordinances and Resolutions of the K-GB-LB Water District and/or the Gleneden Sanitary District and to pay such rates and charges for water and / or sewer service as from time to time may be established by the Board of Commissioners and/or the Board of Directors. It is understood that I shall be liable to pay for all water and/or sewer services furnished to the property. *Property owners are required to keep the District(s) informed of any changes to billing address & phone numbers.*

_____
*Name (other than applicant) of person & phone number you authorize to make changes to or make inquiry of your account.

Additional Information you wish to provide:

This institution is an equal opportunity provider and employer   Revised July 2023