

**Harbor Sanitary District
Application for Continuation of Service
Upon Transfer of Property**

Account #

I. Applicant – Legal Owner(s)

a. Name: _____

b. Property Address: _____

c. Mailing Address: _____

d. Phone Number: Home _____ Cell _____

e. Legal Description of Property: (Assessors Map & Tax Lot) _____

f. How many homes/units on lot _____

g. Is this your Primary Residence or a Rental: _____

h. In case of Emergency Contact: _____

II. Current Monthly Fees (Subject to change)

- Residential: \$69.00
- Multiple Family Units: \$69.00 Per unit of more than one
- Commercial: \$33.14 Plus \$13.40 per 1000 gals
Of water used
- Restaurant \$33.14 Plus \$ 15.24 per 1000 gals
Of water used
- New Owner Change Fee: \$10.00 One-time fee

Applicant Signature Date _____

Applicant Signature Date _____

Return To: Harbor Sanitary District
P.O. Box 2457
Brookings, OR 97415

or email to harborsan@frontier.com