

**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: \$62.00
- Multiple Family Units: \$62.00 Per unit of more than one
- Commercial: \$33.14 Plus \$8.93 per 1000 gals  
Of water used
- Restaurant \$33.14 Plus \$ 10.16 per 1000 gals  
Of water used
- New Owner Change Fee: \$10.00 One-time fee

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

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

or email to [harborsan@frontier.com](mailto:harborsan@frontier.com)