



19601 NE Halsey Street
Portland, OR 97230-7430
503-665-4179 - Phone
503-667-5108 - Fax
www.rwpud.org

Customer Assistance Application

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account No.: _____

Assistance Requested: One Time Crisis Assistance _____ Bill Discount _____

Is this a single family household? _____ How many people live in the household? _____

Sources of Household Income:

Source Amount – please specify if it is monthly or yearly

_____	_____
_____	_____
_____	_____

Total Household Income: _____

Applicant's Signature _____ Date: _____

Date Received: _____ Approved by: _____ Processed by: _____

Return this form to customerservice@rwpud.org or in person at Rockwood's District office at 19601 NE Halsey St. Portland, Oregon 97230.