

**City of Baker City, Oregon**  
**PO Box 650**  
**Baker City, OR 97814**  
**541-523-6541**



Account #:

Name of Account Holder:

Service Address:

Authorized Representative:

Name:

Address:

Phone:

I authorize the representative named above to:

Receive financial and other information on the service address above.

Make changes to the above account including name, mailing address, telephone, service, and payment information.

Signature and Date: