

Scotts Mills Application for City Water Service

Service Address: _____ Start Date: _____

Name/mailling address: _____

Phone Number: _____

Owner

Renter

Owner Contact: _____

Please bill me directly. Tenants will not be responsible for water charges.

Tenants will be required to pay water charges.

I, the undersigned, hereby voluntarily request to receive water service from the City of Scotts Mills. I further agree to accept full responsibility for all water charges incurred at the address/location listed above and agree to pay promptly. I also agree that if any of these charges are not paid and these matters are turned over to a collection agency or attorney, I will abide by all Ordinances and Resolutions regulating the use and cost of City water and any other rules and regulations which may be adopted by the City Council concerning such service.

DEPOSIT REQUIRED: A one hundred dollar (\$100.00) deposit is required prior to water hookup. In the event that service is discontinued the deposit will not be reimbursed until all outstanding fees have been paid. If the account becomes delinquent and it is necessary to turn off the service, the deposit shall be applied to the unpaid balance due .Water service shall not be restored to the premises, or to that customer at different premises until all outstanding bills have been paid.

Water Connection Fee: A twenty five dollar (\$25.00) fee is required for the water connection service.

Total Fees

\$125.00

Amount Paid

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

The following information is requested by the Federal government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

RACE OR NATIONAL ORIGIN: (Mark one or more)

White _____ Hispanic or Latino _____ Black or African American _____ Asian _____
Native Hawaiian or Other Pacific Islander _____ American Indian / Alaska Native _____

In accordance with Federal Law, the City of Scoffs Mills prohibits discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Office of Civil Rights, Washington DC or call (202) 720-5964 (voice and TDD).

TTY users call through the Oregon Relay at 1-800-735-2900, or just dial 7-1-1