



WATER APPLICATION

592 Fourth Street/P.O. Box 329, Gervais, OR 97026-0329

503-792-4900 Admin Office; (TTY) 1-800-735-2900; (TTY/V) Spanish 1-800-735-3896

Date: _____

Account No.: _____

This application is merely a written request for service and does not bind the City to provide water service. In signing this application the customer agrees to abide by the current rules and regulations as well as any other rules and regulations, which may be adopted by the governing body.

DEPOSIT: \$150.00 the deposit required is not a payment on account. This deposit is refundable when the applicant(s) sign a disconnection notice and all current and final bills are paid in full. The city does not pay interest on any deposit and will not refund balances where the balance is a \$1.00 or less. This deposit is not transferable to another customer who moves into the residence.

DELINQUENT (PAST DUE) ACCOUNT: Bills are due on the date noted on the statement. Should an account become delinquent a late fee will be charged. Should the account fail to pay prior to the shut off listed be handed out for disconnection the applicant will be charged \$40.00 administration fee, plus the delinquent and current bill shall be paid prior to the water being turned on.

PRINT INFORMATION CLEARLY

(The person(s) signing this application will be the responsible party for paying this bill and will be the only name on the account).

APPLICANT(S) NAME: _____

HOUSE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NO. _____ EMERGENCY NO. _____

PROPERTY OWNER'S (LANDLORD) NAME: _____

OWNER/LANDLORD'S ADDRESS: _____

OWNER/LANDLORD'S PHONE NO. _____

Water service to start on: _____

OVER PLEASE

REQUIRED:

Driver's license or ID No. _____, State of Issue _____

Date of Birth: _____

Co-Applicant's Driver's license or ID No. _____, State of Issue _____

Co-Applicant's Date of Birth: _____

By signing this application the Applicant(s) certify that the information provide is true and correct and that you understand the terms of this application.

Applicant Signature: _____

Co-Applicant's Signature: _____

Voluntary Information:

The following information is requested by the Federal Government in order to monitor the City of Gervais's compliance with Federal Laws prohibiting discrimination against applicant 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. However, if you choose not to furnish it, the City is required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race (Nationality/Ethnicity):

- Hispanic White Black or African American
- American Indian/Alaska Native Asian
- Native Hawaiian or other Pacific Islander

OFFICE USE ONLY

Date Received Application: _____ Receipt No. _____

Meter Reading: _____ Date Read: _____

The City of Gervais is an Equal Opportunity Provider and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20250-9410