



City of Gervais

592 Fourth Street/PO Box 329, Gervais, Oregon 97026-0329
503-792-4900 Administration Office; 503-792-3791 Fax

Water Application

Date To Begin Service: _____

Account No: _____

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Mailing Address State Zip

Phone # _____ Driver's License or ID # _____
State Issued

Co-Applicant: _____
Last First M.I.

Co-Applicant Driver's License or ID No. _____ State Issued _____

Property Owner Info

Full Name: _____

Address: _____
Street Address Apartment/Unit #

City State Zip

Phone # _____ Email: _____

This application is 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: A \$170.00 deposit is required to start service. 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, unless it's authorized by the account holder.
PAST DUE ACCOUNT: Bills are due on the date noted on the statement. Should an account become delinquent a late fee of \$7.50 will be applied. If the account has not been paid prior to the shut off date, services will be disconnected until the full account balance is paid in full plus a \$50.00 reconnection fee. (GMC 13.01.150)

Disclaimer and Signature.

I (We) assume full responsibility for all bills incurred while residing at this address. I (We) understand all unpaid bills for water service will result in termination of service and be assessed as a lien against the property. By signing this application the applicant(s), certify that the information provided is true and correct and you understand the terms of this application.

Signature: _____ Date: _____

Co-Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received Application: _____ Receipt No. _____

Meter Read: _____ Date Read: _____

Residential: _____ Commercial: _____

**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**