



CITY OF ONTARIO
Water Application On/Off

Today's Date

444 SW 4TH STREET
ONTARIO, OR 97914
Fax: (541) 881-3262 Phone: (541) 881-3246

Customer Name Last 4 digits of SS# Spouse/Roommate Last 4 digits of SS# Account #
State/Driver's License # Birth Year State/Driver's License # Birth Year
Current Employer Phone Number Current Employer Phone Number

- 1. Turn Water ON 2. Turn Water Off 3. Owner 4. Rental 5. Property Manager

Irrigation: STREET CITY STATE ZIP

Date:

Mailing Address: STREET CITY STATE ZIP

E-Mail Address: Fax:

\*\*\*DO NOT WRITE BELOW THIS LINE - CITY USE ONLY\*\*\*

Meter Reading Information

Meter No. and Location
Reading: Date:
Work Completed By:

\*\*Meter was running\*\*

Left Doorhanger
Date: Initials: Work Order By:

\*\*\*METER LOCATION:

Rates

Table with 3 columns: Rates, Cost per 1,000 Gallons. Rows include Water, Sewer, Storm, and UCF (Utility Capitalization Fee).

SE REQUIERE DEPOSITO DE \$136 O CARTA DE REFERENCIA DE OTRA COMPANIA DE UTILIDAD

Deposit or Reference Letter

Deposit
\$136.00 Water Deposit\*
Date Paid
Completed By

Reference Letter
Electric
Phone
Gas

\* Credit balances of less than \$5.00 at time of account closure will not be refunded.

\*\*\*The City is not liable for possible flooding at this residence, when the meter is turned on at customer's request\*\*\*

I do hereby specially request the City to provide water and sewer services to the above described property and do further agree to pay all charges for such services promptly and in accordance with the ordinances, rules and regulations of the City of Ontario.

X Signature: X Date: