



**CITY OF ONTARIO
Water Application**

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

Today's Date

Customer Name	Last 4 digits of SS#	Spouse/Roommate	Last four 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

New Service

Service Address: _____
STREET

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 LOCATION:

****Meter Was Running****

LEFT DOORHANGER

DATE: _____ INITIALS: _____

Work Order By: _____

Rates

	Rates	Cost per 1,000 gallons
Water	0106 - UP TO 1" METER - BUS	(\$10 base rate) \$1.35 per 1,000 gallons
Sewer	A106C - FLAT MIN + WINTER CONS	\$5 Flat Fee PLUS, Winter Avg Nov / March
Storm	701- Single Storm Service	\$1.16 Flat Fee
UCF (Utility Capitalization Fee)	07U01 - Single Residential UCF	17 Percent of Water Costs

REQUIRED FOR UTILITY SERVICE: \$136.00 WATER DEPOSIT OR REFERENCE LETTER FROM ANOTHER UTILITY COMPANY

Deposit or Reference Letter

Deposit

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

Reference Letter

Electric
 Telephone
 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. I further agree that, in the event I fail to pay such charges and collection efforts are instituted by the City against me, I will pay, in addition to all other costs and disbursements allowed by law at trial and on appeal, the reasonable sum to be determined by the court and for attorney's fees.

X Signature: _____

X Date: _____