



**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		Spouse/Roommate		Account #
State/Driver's License #	Birth Date	State/Driver's License #	Birth Date	
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

Date: _____

New Service

Mailing Address: _____
STREET CITY STATE ZIP

E-Mail Address: _____ Fax: _____

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

Meter Reading Information

RT./Seq. #	Meter No. and Location	**Meter was running**	Work Order By:
Reading: _____	Date: _____	Left Doorhanger <input type="checkbox"/>	_____
Work Completed By: _____	Date: _____	Initials: _____	_____

*****METER LOCATION:**

	Rates	Cost per 1,000 Gallons
Water	0106 - Single Residence	(\$10 base rate) \$1.35 per 1,000 gallons
Sewer	A106C -Single Sewer Service	\$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

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

Deposit or Reference Letter	Deposit	Reference Letter
	<input type="checkbox"/> \$136.00 Water Deposit* _____ Date Paid _____ Payment Method	<input type="checkbox"/> Electric <input type="checkbox"/> Phone <input type="checkbox"/> Gas
	<input type="checkbox"/> See Contract <input type="checkbox"/> No Dep. Required	

* 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: _____ Date: _____

X Signature: _____ Date: _____