



**CITY OF ONTARIO
Water Application On/Off**

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 #	BIRTHDATE	State/Driver's License #	BIRTHDATE	
	/ /		/ /	
Current Employer	Home/Cell Phone #	Current Employer	Home/Cell Phone #	

1. Turn Water On 2. Turn Water Off 3. Owner 4. Rental 5. PROPERTY MANAGER
1. SINGLE FAMILY 2. DUPLEX 3. 4- PLEX 4. APARTMENT COMPLEX

Service Address: _____
STREET

Date _____

Mailing Address: _____
STREET CITY STATE ZIP

E-Mail Address: _____ Fax: _____

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

READING: _____ DATE: _____

NOTES:

WORK COMPLETED BY: _____

*****METER LOCATION:**

	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

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