



**CITY OF ONTARIO
Water Application**

444 SW 4TH STREET
ONTARIO, OR 97914
Fax: (541) 881-3262 Phone: (541) 881-3246
Email: mmallea@opgcpa.com

Today's Date

Business Name	Contact	Account #
Federal Tax ID #	Address	Birth Date
Phone Number	State/Driver's License	Phone Number

1. Turn Water On Turn Water Off 2. Owner Rental Property Manager

TYPE OF BUSINESS: _____

New Service

Service Address: _____
STREET CITY STATE ZIP

Service start date: _____

Mailing Address: _____
STREET CITY STATE ZIP

E-Mail Address: _____ Fax: _____

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

Meter Reading Information	READING: _____ DATE: _____ WORK COMPLETED BY: _____	NOTES:
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	Rates	Cost per 1,000 gallons
Rates	Water	0106 - UP TO 1" METER - BUS (\$12.06 base rate) \$1.63 per 1,000 gallons
	Sewer	A106 - FLAT MIN + WINTER CONS \$6.64 Flat Fee PLUS, Winter Avg Nov / March
	Storm	713- Single Storm Service \$6.41 Flat Fee
	UCF (Utility Capitalization Fee)	07U01 - 17% OF WATER CHGS 17 Percent of Water Costs

REQUIRED FOR UTILITY SERVICE: \$170.00 WATER DEPOSIT OR REFERENCE LETTER FROM ANOTHER UTILITY COMPANY

Deposit or Reference Letter	<p style="text-align: center;">Deposit</p> <input type="checkbox"/> \$170.00 Water Deposit* _____ Date Paid _____ Payment Method	<p style="text-align: center;">Reference Letter-past FULL year with no late fees</p> <input type="checkbox"/> Electric <input type="checkbox"/> See Contract <input type="checkbox"/> Water <input type="checkbox"/> No Dep. Required <input type="checkbox"/> Gas
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* 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: _____