



Water and Sewer Service – Property Owners

P.O. Box 1410
Oakridge, OR 97463
Telephone (541) 782-2259
Fax (541) 782-1081

Account No. _____

Amount Paid _____

Receipt No. _____

Water Deposit Amount: \$ 135.09 Sewer Payment: \$40.56 Total: \$175.65

Applicant must show proof of property ownership.

The undersigned hereby applies to the City of Oakridge for the service checked below:

Water _____ Sewer _____

A deposit for the current month will be paid for both sewer and water service before the water shall be turned on.

All accounts are due by the date indicated on the bill. If bills are not paid by the due date, a 10% penalty will be added to the previous month's charges. Service will be discontinued if bills are not paid within 30 days after the due date.

Applicant hereby agrees to notify the City at least 24 hours prior to moving from the address and agrees to pay all charges in full.

I hereby state that I have been given a copy of the City of Oakridge Water and Sewer System Policies and Procedures, that I fully understand those terms and agree to abide by them.

Date: _____

ATTACH COPY OF PICTURE IDENTIFICATION

OWNER INFORMATION:

Name of the property owner:

Name of Property Management Company:

Mailing address:

Telephone number:

Send the bill to this address

Send the bill to this address

To be Completed by Property Owner (Establishing ORS No. 91.255 (2))

I understand that, in the event of my or my tenant's failure to pay charges incurred for either water or sewer service provided by the City of Oakridge to my property located at _____

in addition to the options available to the City under the City's Ordinances 50.42 and 51.04, and its Water and Sewer System Policies and Procedures, I hereby authorize the City to transfer my tenant's payment delinquencies to me and to lien my property in the amount of the delinquent charges, plus any associated penalties and interest. I further understand that, except where transfer of the property may occur, the City will not place a lien on my property unless and until the City has sent written notice of the owed amount(s) to me at least 30 days prior to certifying these amounts to the Lane

County Clerk. I understand that my failure to respond and pay the outstanding fees within 30 days will result in a lien being placed upon my property.

Owner's Signature: _____ Date: _____

State of OREGON)
) ss.
County of Lane)

Signed or attested before me on this _____ day of _____, 20 _____
by _____.

SEAL

Notary Public for Oregon

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicant on the basis of visual observation or surname."

Race: (Mark one or more)

White _____ Black or *African American* _____ Hispanic or Latino _____ Asian _____
American Indian _____ Alaska Native _____ Native Hawaiian or Other Pacific Islander _____

The City of Oakridge is an equal opportunity provider.