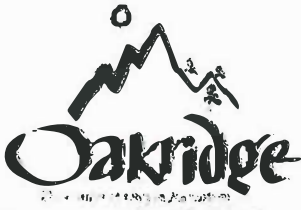


# Water and Sewer Service - Tenants



P.O. Box 1410  
Oakridge, OR 97463  
Telephone (541) 782-2258  
Fax (541) 782-1081

Account No. \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**Water Deposit Amount: \$93.18 Sewer Payment: \$34.17 Total: \$127.38**

**Applicant must provide current lease of property.**

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 prescribed 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, and that I fully understand those terms and agree to abide by them.

Date: \_\_\_\_\_ **ATTACH COPY OF PICTURE IDENTIFICATION**

**RENTER INFORMATION:**

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different than street address):  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**OFFICE USE ONLY:**

**OWNER INFORMATION:**

Name of the property owner: \_\_\_\_\_ Name of property management company: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_ Send copy of bill to this address

\_\_\_\_\_ Send copy of bill to this address

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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.*