

Water Service Application

This application is merely a written request for service and does not bind the City to provide Water Service. In signing this application, the customer agrees to abide by the current rules and regulations as well as any other rules and regulations, which may be adopted by the governing body.

DEPOSIT: The required deposit of \$135.00 is not a payment on account. This deposit is refundable after six (6) months of on-time payments or when the applicant(s) sign a Termination of Water Service Agreement and all current and final bills are paid in full, whichever comes first. At the time of refund, the applicant may choose to apply the deposit as a credit to their Water Service Account, or be refunded by check. The City does not pay interest on any deposit and will not refund balances where the balance is \$1.00 or less. This deposit is not transferable to another customer who moves into the residence.

DELINQUENT (PAST DUE) ACCOUNT: Bills are due on the date noted on the statement. Should an account become delinquent, a Late Fee of \$5.00 will be charged. Should the account fail to pay prior to the shut off listed and the account is disconnected, the applicant will be charged \$50.00 Administration Fee, plus the delinquent and current bills be Paid in Full prior to the water being turned on.

ACCOUNT INFORMATION:

The person(s) signing this application will be the responsible party for paying this bill and will be the only name(s) listed on the account.

BALANCES FROM PREVIOUS ACCOUNTS WILL BE ADDED TO YOUR NEW ACCOUNT AND MUST BE PAID IN FULL PRIOR TO TURNING ON WATER!!!

Applicant(s) Name: _____

Address of Water Service: _____

Mailing Address (if different): _____

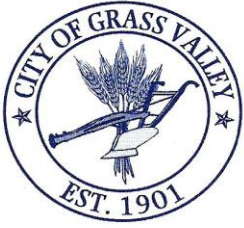
Telephone No.: _____ Emergency No.: _____

Property Owner's (Landlord) Name: _____

Owner/Landlord's Address: _____

Owner/Landlord's Phone: _____

Water Service Start Date: _____



CITY OF GRASS VALLEY

P.O. Box 191 • Grass Valley, Oregon 97029 • (541) 333-2434

REQUIRED:

Driver's License No.: _____ State Issued: _____

Date of Birth: _____ Last Four of Applicant's SSN: _____

Co-Applicant's Driver's License No.: _____ State Issued: _____

Date of Birth: _____ Last Four of Applicant's SSN: _____

PREVIOUS ADDRESS (REQUIRED):

Previous Address: _____ City, ST: _____

Previous Landlord's Name: _____

Previous Landlord's Phone: _____

By signing this application, the Applicant(s) certify that the information provided is true and correct and that the terms of this application are understood completely. I also acknowledge that I understand that my monthly charges are currently \$45.00 per month and agree to keep those current and paid by the 25th of the following month, and if not, I understand that the City may shut off my water service without notice.

Applicant Signature: _____

Co-Applicant Signature: _____

OFFICE USE ONLY

Date Application Received: _____ Payment: _____

Meter Reading: _____ Date Read: _____

The City of Grass Valley is an Equal Opportunity Provider and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, DC 20250-9410.