



City of Clatskanie  
75 S Nehalem Street  
PO Box 9  
Clatskanie, OR 97016  
Phone 503-728-2622  
Fax 503-728-3297

## UTILITY PAYMENT AGREEMENT

*It is agreed as follows:*

I, \_\_\_\_\_ will pay \$\_\_\_\_\_ towards my water/sewer bill,

Account # \_\_\_\_\_ on the date(s) of \_\_\_\_\_.  
(payment date)

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

***It is understood by both customer and the City of Clatskanie that failure to comply with this agreement will result in the disruption of service immediately and will not be reinstated until the full amount of the bill is paid, which includes all other fees assessed and a \$35.00 water turn on fee.***

This agreement is signed on \_\_\_\_\_  
(Today's date)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Contact Number