

WATER SERVICE AGREEMENT

CITY OF CLATSKANIE
PO BOX 9
CLATSKANIE OR 97016
 503-728-2622, Fax 503-728-3297

Application for Water Service At: _____

Billing Name	Mailing Address	Phone Number
Name of Property Owner	Mailing Address	Phone Number

As an applicant for service, I acknowledge and accept the following responsibilities:

1. There is a **\$30.00** Account Set Up Charge that will be collected at the time you sign up for water service and a Turn On Fee of **\$35.00** if required.
2. The meter and turnoff valve are the property of the city and tampering with either item is prohibited by law.
3. All pipes, valves and connections from the meter to the business or dwelling is the sole responsibility of the property owner.
4. All water bills are mailed on the 30th and are due no later than the 10th. A collection fee of **\$5.00** will be added to accounts that are 45 days past due.
5. If it is necessary for a city employee to request collection at the business or dwelling, the following charges apply: **REACTIVATION FEE - \$35.00.**
6. There is a charge of **\$30.00** for returned checks.
7. It is the responsibility of the individual receiving the reduced rate to notify the City of any changes in the service.

I have read these rules and understand they will be strictly enforced by the city as a **condition** of continued water service.

Signature

Date

Date service to begin: _____