

CITY OF MILL CITY
WATER AND SEWER DEPARTMENT

PO BOX 256
MILL CITY, OR 97360
(503) 897-2302
FAX (503) 897-3499

APPLICATION FOR SERVICE

IN _____ ACCT # _____
METER # _____ REF # _____

DATE _____
TAKEN BY _____
SEWER EASEMENT
O YES O NO

NAME _____
(FIRST) (M.I) (LAST)

SERVICE ADDRESS _____

MAILING ADDRESS _____

PHONE _____ DL# _____

OWNER _____ RENTER _____ MANAGER _____

OWNER NAME _____

OWNER ADDRESS _____

OWNER PHONE _____

_____ Please bill me directly. Tenants will not be responsible for water and sewer.
_____ Tenants will be required to pay water and sewer.

I, the undersigned, hereby voluntarily request to receive water and/or sewer utility service from the City of Mill City. I further agree to accept full responsibility for all water and sewer charges incurred at the address/location listed above and agree to pay promptly. I also agree that if any of these charges are not paid and these matters are turned over to a collection agency or attorney, I will be responsible for all expenses incurred, including but not limited to, court costs, attorney fees and collection agency charges. I will abide by all Ordinances regulating the use of City water and sewer service and any other rules and regulations which may be adopted by the City council concerning said services. I also agree that I will be responsible for any damage and cost of repairs to the sewer tank, lines and appurtenances on my property.

DEPOSIT REQUIRED: A ONE HUNDRED TWENTY-FIVE dollar (\$125) deposit is required for all water and sewer hookups. If service is disconnected for non-payment of the bill, there will be an added FORTY dollar (\$40) charge before reconnection can be made.

I further acknowledge that if there is no sewer easement granted to the City of Mill City, I understand the property owner is responsible for all costs of repair, maintenance and pumping of the interceptor tank and all other components of the sewer collection system on the premises.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

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 applicants on the basis of visual observation or surname.

Race: (Mark one or more)
White _____ Black or African American _____
American Indian/Alaskan Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

In accordance with Federal Law, the City of Mill City prohibits discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint write the USDA, Office of Civil Rights, Washington DC or call (202) 720-5964 (voice and TDD)