

bill@josephoregon.org

PO Box 15
201 N Main St
Joseph, OR 97846
541-432-3832



Utility Service Form

Name on Account _____

Service Address _____

Business/Home # _____ Cell # _____ Email _____

Date Service is to begin _____ Sprinkler System (*circle one*) Yes No

Billing Address if different _____ City, State, Zip _____

Commercial property (*circle one*) Yes No If yes, name of business: _____

Driver's License number: _____ State issued _____

Do you own or rent property? (*circle one*) Own Rent

If renting, name of property owner _____ Phone _____

Please read the disclosures below carefully. Initial next to each statement to indicate you have read and understand the information fully.

_____ A delinquent account fee will be applied to this account at 10 days past due. (\$10)

_____ A shut-off notice fee will be applied to this account at 15 days past delinquent. (\$25)

_____ A delinquent service charge will be applied to this account at 30 days past due. (\$50)

_____ Customer is responsible for cost to repair or replace meter or supplies if lost or damaged.

_____ There is a \$50.00 fee to turn water on or off each time during normal business hours.

_____ There is a \$250.00 fee to off water for more than 30 days (seasonal) **or** outside of business hours.

_____ City charges actual cost to re-read meters. Please do not park or block meters.

_____ There is a \$200.00 fee to test customer meter.

_____ A lien will be placed on property if an account in the owner's name remains unpaid.

Your signature verifies the information above if accurate. If city finds information above is inaccurate utility services may be turned off until all information is provided.

Office Use

Location: _____

Account # _____

Clerk: _____



Race / Ethnicity / Sex Data Collection Handout

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, ethnicity and sex of applicants on the basis of visual observation or surname.

I do NOT wish to furnish this information

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Sex:

Male

Female