utilitybiller@josephoregon.org

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



Utility Service Form

| Name on Account | | | | |
|--|---|--|--|---------|
| Service Address | | | | |
| Business/Home # | Cell # | | Email | |
| Date Service is to begin | Tir | ne | Sprinkler System (circle one) | Yes No |
| Billing Address if different | | City, S | State, Zip | |
| Commercial property (circle one) Yes | No If yes, na | me of business: | | |
| Driver's License number: | : | State issued | Do you own or rent propert | <u></u> |
| If renting name of property owner | | и | Phone | |
| Please read the disclosures below careful the information fully. There is a \$50.00 fee to turn wate City charges actual cost to reread There is a \$100.00 fee to test customer is a \$100.00 fee to test customers requesting service be Customers requesting service be Customer is responsible for cost Your signature verifies the information a may be turned off until all information is | ter and sewer on and meters. Please do stomer meter. If an account in the account at 30 days part interrupted will be a to repair or replace above if accurate. If | nd a \$50.00 fee to o not park or blood e owner's name ast due. e charged turn of e meter or suppli | to turn water and sewer off each ck meters. remains unpaid. ff and on fees. ies if lost or damaged. | time. |
| Signature | | | Date | |
| Office Use Turn on / off fee: □ Billed □ Collected Account # | d Location:_ | | | |



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 |
|--------|---|
| Ethnic | ity: |
| | 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 |