



Application for Utility Service

TODAY'S DATE: _____ DATE OF SERVICE: _____

PLEASE MARK ONE: BUYING RENTING*

APPLICANT NAME(S): _____

DRIVERS LICENSE #: _____ (PHOTO ID REQUIRED)

PHONE #: _____ ALT. PHONE #: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

EMAIL: _____

PROPERTY OWNER INFORMATION (*FOR RENTERS ONLY)

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

PLEASE READ & SIGN THE STATEMENT BELOW

A \$100.00 deposit is required for all new accounts at the time service is to begin. Property owners will have the deposit applied to their account after a 2-year period, provided their account has not been delinquent. Renters' deposits are applied toward their final bill, with remaining credit refunded.

Your utility bill is a combination of water, sewer, and storm drain charges. Utility bills go out the beginning of every month and are due on the 20th. If your account is past due, payment must be received by the 10th of the following month to avoid a shut off notice and accompanying fee(s). The City charges \$20.00 when a shut off notice is issued. If payment is not received or arrangements are not made with City Hall, water service will be suspended per date and time listed on notice. In the event that service is interrupted, an additional \$50.00 in fees will be assessed against the property address. Before service is restored, the total past due, including fees, must be paid.

I have read and understand the above statement.

Signature: _____ Date: _____

Return to: City of Harrisburg 120 Smith Street, PO Box 378, Harrisburg, OR 97446

Office: (541)995-6655 jknox@ci.harrisburg.or.us Fax: (541)995-9244

The City of Harrisburg is an equal opportunity provider.

Deposit rates effective 1/1/2024 to 12/31/2024

FOR OFFICIAL USE

ACCT # _____

AMNT PD: _____ (CASH / CHECK / MO / CC) DATE PD: _____

METER READING: _____ # OVER 6: _____ SEWER UNITS: _____

DISCLOSURE

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 a race/national origin of individual applicants on the basis of visual observation or surname.

RACE: (CIRCLE ONE OR MORE)

Asian Black Native Alaskan Native American Native Hawaiian/Other Pacific Islander White Other _____

ETHNICITY: (CIRCLE)

GENDER: (CIRCLE)

Hispanic/Latino NOT Hispanic/Latino

Male Female Decline to State

Completed by Employee? Yes or No