**CITY OF SODAVILLE**

**NEW CUSTOMER UTILITY AGREEMENT**

*The deposit of $75.00 must be received before service can be turned on.*

City of Sodaville Water Utility, 30723 Sodaville Road, Lebanon, OR 97355

PH: 541-258-8882 FAX: 541-258-8882 Email: sodaville@cityofsodaville.org

ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Owner/Occupant Owner/Lessor Renter/Lessee

APPLICANT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SODAVILLE, OR 97355

Mailing Address(If Different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer (name & address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

1. Name, address and phone # of relative not living with you:

2. Name, address and phone # of relative not living with you:

**PROPERTY OWNER**

Property Owner Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER/LESSOR**

When your tenant gives us a stop service order, we will plan to read the meter and shut off the water to the property unless you notify us to transfer the services back into your name. The city will attempt to collect any unpaid balance from your tenant. Please be aware that if your tenant leaves an unpaid balance on their account, the responsibility reverts to the property owner. For this reason, you may want to contact the city to verify that the tenant’s balance has been paid prior to refunding any rental deposits to the tenant.

\*\*Please transfer water service back into my name automatically when my tenant moves out. I understand I will begin accruing fees on that date.

Signature of Owner/Lessor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Deposits are required in accordance with the City of Sodaville Fee Schedule. Renter’s deposits will be refunded after the account has been closed and any outstanding balances have been paid.

**\*\* TO DISCONTINUE UTILITY SERVICES\*\***

All Stop Service Orders must be received by the City at least 2 working days prior to vacating the property. Failure to submit a Stop Service Order on or prior to moving out may result in additional charges to the account.

I understand that it is my responsibility to notify City Hall of any changes in contact information. I understand that any fees or shutoffs that occur because I failed to notify City Hall of any changes in contact information are my responsibility.

Privacy: The City of SODAVILLE cannot give account information to anyone not listed on the account. Please make sure all authorized people are listed on this application.

I have read and understand the above information and the City of SODAVILLE’s Utility Rates and agree to the terms set forth in the Contract.

SIGNATURE OF RESPONSIBLE PARTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The City of Sodaville is operated in accordance with federally established policies which prohibits discrimination on the basis of race, color, sex, age, handicap, religion, or national origin.

“The City of Sodaville is an equal opportunity provider and employer.”