



City of Echo

PO Box 9/20 S. Bonanza

Echo, OR 97826

(541)376-8411

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Email: ecpl@centurytel.net

www.echo-oregon.com

For Office Use only:

Acct# _____

Receipt # _____

Amount of Deposit \$ _____

San. Disp. Contact (time/date) _____

APPLICATION FOR UTILITY SERVICES

Name(s): _____

Mailing Address: _____ email address: _____

Street Address: _____

(note only a few homes on Gerone Street have street delivery, so you must provide a mailing address such as a post office box.)

Renter _____ Owner _____ Home Phone #: _____ Work Phone #: _____

Date Service Required: _____ water/sewer Date Garbage P.U. needed _____

*To save postage & paper, if you provide an email address & Check here we will email you the monthly city newsletter. _____

Garbage Service: Yes No (please circle)

Type of Service: 35 gallon cart _____ 90 gallon _____

1.5 yd. dumpster _____ 2 yard dumpster _____

Have you lived in Echo before and been on utility service: _____ When _____

Deposit/Turn off/on fees: Property Owner: (proof of ownership required): \$75. **New Customer/Renter:** \$150. **Returning Customer In Good Standing:** \$75. "In Good Standing" is a customer who 1. Paid off account balance within 60 days of vacation; 2. Received no more than three (3) delinquency notices in the last calendar year; 3. Was never disconnected for failure to pay. **Customers who have had accounts in the past and who left a balance or had poor credit are required to pay a \$200 deposit. In Poor Standing:** 1. Returning customers who left owing a balance and/or 2. had 3 or more overdue notices in the last year of service; 3. Were disconnected for failure to pay. **Any/All** outstanding funds owing the city must be paid before an account will be established and service connected. Thirty (\$30) dollars of all above deposits is non-refundable.

Due Date/Late Charge: Payment is due by the 10th of each month. If payment has not been received by the 25th of the month, a late charge of \$10.00 will be added to the bill for each month there is an unpaid balance on the following month.

Failure to pay: At any time after the due date, the city may send a notice to the applicant giving a ten
(over)

(10) day notice to pay the bill or services will be discontinued. The amount due must be paid by that date or the water will be shut off and garbage service stopped. A reconnect fee plus the full amount owing must be paid in full to have service restored. Reconnect fees: a. During crew work hours (8:30 am to 3 pm)-\$30 Monday through Friday, except holidays. After Hours/Holidays-\$60. (we cannot guarantee that water will be reconnected before 9 am the following day if payment is not received before 3 pm). Any balance remaining after 90 days will be turned over for collection.

I (We) _____ have read and understand the above information and hereby swear that all the information on this application is true and correct. I(We) agree to assume full responsibility for all financial obligations at the indicated service address and adhere to all rules and regulation as stated herein and within the city utility codes. I (We) understand the utility bill must be paid before the 25th of each month. I (We) understand that interest and late charges on unpaid account balances is carried forward to the next months bill. If it is necessary to refer this account for collection, I (We) agree to pay reasonable attorney fees and collection costs, including any collection fees charged by a collection agency, even though no suit or action is filed. If a suit or action is filed, the amount of such reasonable attorney fees and collection costs shall be fixed by the court or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

I (We) also agree to provide the City of Echo with at least 24 hours notice of intent to close account in writing. I (We) understand that I (we) will be held responsible for water, sewer and garbage charges and any applicable interest, penalties or late charges until I do notify the city directly. I(We) also agree to notify the city immediately of any address change. I(We) understand that the City of Echo will share account information with our credit collection company of record. I(We) understand that the utility billing charges are for the period from the 15th to the 15th of the month and the actual bill will be generated on the 1st of the following month, as a result the billing is always at least two weeks behind the actual usage.

Signature of Applicant		Signature of Applicant	
SS#	Place of Employment	SS#	Place of Employment
Date of Birth	Driver's License or Ore. ID Card # ID w/Photo must be produced	Date of Birth	Driver's Lic. or Ore. ID Card # ID w/photo must be produced

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: (Mark one or more)

White _____ Black or African American _____ Asian _____
 American Indian/Alaska Native _____ Native Hawaiin or Other Pacific Islander _____

Ethnicity:

Hispanic or Latino _____ Not Hispanic or Latino _____
 Male _____ Female _____ **Completed by Employee: yes no**

 The City of Echo is an equal opportunity provider and is prohibited under Federal Law from discriminating on the basis of race, color, national origin, sex, age or disability.