

City of Echo

PO Box 9/20 S. Bonanza
Echo, OR 97826
(541) 376-6038
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: _____

Renter _____ Owner _____ Cell Phone #: _____ Work Phone #: _____

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

Garbage Service: Yes No (please circle)

Type of Service: 35-gallon cart _____ 90-gallon cart _____

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.

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 \$12.00 will be added to the bill.

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

- **DURING CREW WORK HOURS (9AM TO 2 PM)-\$40**
- **AFTER CREW WORK HOURS/HOLIDAYS-\$80**

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

Place of Employment

SS#

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

The City of Echo is an Equal Opportunity Employer. For the hearing impaired we utilize Oregon Relay Service and telephone number is 711 or 800.735.2900, website www.oregonrelay.com