



**City of Falls City
Utility Service
Application and Agreement**

Account #

SERVICE ADDRESS: _____
House Number and Street Name

START DATE: _____

INDICATE USE OF PROPERTY: Residential _____ Commercial _____ Other (Describe) _____
A change in non-residential use and/or occupancy may require business registration and/or land use permits.

BILLING PREFERENCE: Paper Bill _____ E-Billing _____ Both _____

APPLICATION BY TENANT(S):

I/We hereby make application for the use of City Water and Sewer Facilities and agree to comply with all the Code of Ordinances** that govern the use of those facilities. I/we acknowledge that the property owner/manager will receive a copy of my utility bill.

Print Name of Tenant(s)

Signature of Tenant(s)

Mailing Address

Phone No. (Primary)

City State ZIP

Email Address

Utility bills are due on the 25th of each month, payments made after the due date are subject to a \$10 late penalty. Service will be disconnected, with notice, if the utility balance is delinquent for more than 20 days. Disconnected services are required to pay a reconnection fee and the full account balance prior to reconnection.

IF UTILITY SERVICE WILL BE IN THE TENANT'S NAME, THE PROPERTY OWNER/AGENT MUST PROVIDE THE FOLLOWING INFORMATION AND SIGN THIS CERTIFICATION. APPLICATIONS SUBMITTED WITHOUT THIS SECTION FILLED OUT WILL BE DEEMED INCOMPLETE AND WILL NOT BE PROCESSED.

I/We hereby either make application, or acknowledge the above application by our tenant(s) for the use of City Water and Sewer Facilities, and agree to comply with all Laws, Rules and Ordinances** that govern the use of those facilities. I certify that I am the owner of, or one of the owners of the premises, or that I am an authorized agent, or one of the authorized agents of the owner(s), with express authority to bond the owner(s) to the objectives set forth in Chapter 51.05 of the Falls City Municipal Code.

I understand and agree that I am liable for unpaid tenant(s) charges as the service address owner/agent of record. By signing below, the owner is providing written consent for the city to transfer claims against the tenant associated with this account to the owner. The owner has been advised that unpaid claims will result in a lien on the serviced property. The owner will receive notice if the account becomes delinquent.

Print Name(s) of Owner(s) or Authorized Agent(s)
Agent(s)

Account #

Signature of Owner(s) or Authorized

Mailing Address

Phone No. (Primary)

City, State ZIP

Email Address

For questions about this application, please email info@fallscityoregon.gov or call (503) 787-3631
City Hall - 299 Mill St. Falls City Oregon 97344

** Copies of Applicable Sections of the Code of Ordinances available upon request



FOR OFFICE USE ONLY

Date Stamp:

Submission Comments: _____

