



PO Box 490, Lowell OR 97452

## WATER & SEWER SERVICE APPLICATION

**Utility Deposits Must Be Paid Before This Application Will Be Processed**

Meters are read on or about the 20th of each month, and utility bills are mailed by the 5th of the following month. Payment is due by the 20th of the month in which you received your bill, per LMC 4.026. An account is considered delinquent if charges are not paid by the due date designated on the bill, per LMC 4.027(a). All accounts deemed delinquent will be assessed a \$10.00 penalty. If the bill remains unpaid, approximately 10 days after the delinquent date, a door hanger will be posted and a \$15 door hanger fee will be added, per LMC 4.028. If the service is shut off for non-payment, a \$25 shut off fee will be added. After service has been shut-off for non-payment, the balance must be paid in full along with the reconnect fee of \$50.00 before service will be restored.

Service Address	_____	Start Date	_____
Billing Name	_____	Phone No	_____
Mailing Address	_____	Email	_____
Contact Name	_____	Contact No	_____
Driver's License No	_____	SS# -	_____

*Photo ID will be scanned for all Water/Sewer Accounts*

TYPE OF REQUEST	ACCOUNT TYPE	DEPOSIT \$250. (Residential)
<input type="checkbox"/> New Account - Start Service	<input type="checkbox"/> Home Owner/Landlord	<input type="checkbox"/> Cash _____
<input type="checkbox"/> Disconnect Service	<input type="checkbox"/> Renter	<input type="checkbox"/> Check _____
<input type="checkbox"/> Change Service	<input type="checkbox"/> Property Manager	<input type="checkbox"/> Card _____

RENTAL PROPERTY REQUIREMENTS			
<i>A SIGNED RENTAL AGREEMENT IS REQUIRED FOR ALL RENTALS</i>			
Owner's Name	_____	Phone No	_____
Owner's Address	_____	Email	_____

*Your signature below constitutes acknowledgement of the billing and payment terms identified on this form above.*

_____	_____
<i>Applicant's Signature</i>	<i>Date</i>

For Office Use Only:	Account Number	_____	Rec'd By	_____
<input type="checkbox"/> Driver's License Copy	Service Order	_____	Rec'd Date	_____
<input type="checkbox"/> Rental Agreement	S/O Completed By	_____	Meter No	_____
<input type="checkbox"/> Deposit Paid	Meter Reading	_____	Route No	_____

*The City of Lowell is an equal opportunity, affirmative action institution committed to diversity and compliance with the Americans with Disabilities Act.*