

NOTICE FOR TRANSFER OR CUT OFF OF UTILITY SERVICES

Name: _____ Date: _____

Address: _____ Phone # _____

Account Number _____

If Cut – Forwarding Address: _____

Utilities Turned On Date: _____ Reading: _____

Utilities Cut Date: _____ Reading: _____

Customer as used herein, shall be deemed to include all residents of a dwelling of legal age, whether married or unmarried, except full-time students residing with a parent or parents; and all persons or entities possessing any ownership interest whatsoever in a business. All customers will be required to contract with the City for utilities and shall be liable for payment.

The undersigned agrees that he or she is responsible for payment of utility service at the address requested above and that he or she is not at the time of signing in arrears to the City of Oregon for past due or delinquent utility bills, and he or she does not owe the City of Oregon any money from any source. Should it be necessary to refer this account to an attorney for collection, the undersigned agrees to pay all applicable attorneys' fees and other fees necessary for collection, including court costs and interest. Any statements made and found to be false at a later date may result in immediate termination of utility service.

All signatures are required before any utility service is provided.

Customer Signature: _____ Date: _____

Joint Customer Signature: _____ Date: _____

Reconnections Renters Deposits
Water 30.00 150.00

Past due accounts paid [] Yes [] No \$ _____

TOTAL AMOUNT DUE \$ _____ Date Paid _____