

**CITY OF GATES
101 SORBIN AVE
GATES, OR 97346
Phone: 503 897-2669
Fax: 503 897-6068**

UTILITY BILLING DUE DATE EXTENSION REQUEST

Date Filed: _____ ACCT #: _____
_____ Owner / _____ Renter* DUE DATE (15TH) _____
Amount Due: _____
(Include \$5 Late Fee)

DATE EXTENDED TO: _____
To be paid by 9:00 AM

AND/OR PAYMENT PLAN: DATE: _____ AMOUNT _____
DATE: _____ AMOUNT _____
DATE: _____ AMOUNT _____

NAME: _____
PROPERTY ADDRESS: _____
REASON FOR REQUEST: _____

IF NOT PAID AS STATED ABOVE, WATER WILL BE SHUT OFF.

THIS FORM SERVES AS YOUR NEW MINIMUM 72 HOUR SHUTOFF NOTICE. AN ADDITIONAL \$75.00 RECONNECT FEE WILL BE CHARGED TO RESUME SERVICE, IF SHUT OFF FOR NON-PAYMENT.

Approved by: _____
Customer Signature

Date: _____ Phone: _____
_____ CHECK IF NEW PHONE NUMBER

***Renters are required to complete the following worksheet:**

Amount of extension = _____
(This is the amount due now.)

Late Fee = _____

Present month's bill amount = _____
(Amount to be billed on the 1st of month)

Estimated Upcoming Month Accrual = _____
(daily rate x # of days extension date)

Total Estimated Amount Extended = _____

Less Deposit on File = _____

= _____
(must be .00 or credit balance)

ANYTHING OVER .00 MUST BE PAID OR MUST BE APPROVED BY PROPERTY OWNER