



City of Gates

Water Department

101 Sorbin Ave W, Gates, OR, 97346
Ph-503-897-2669 Fax-503-897-6068
citygtes@wbcable.net

Water Service Agreement

City Ordinance & Resolution govern Gates Water Regulations. All users must conform to the regulations as set down therein. City Ordinance & Resolutions may be reviewed at City Hall during office hours: Monday-Friday 9am to 12pm & 1pm to 5pm.

Water bills are due the 16th of each month, or the first business day following the 15th. If payment is not received by the due date in the month in which it is billed, a \$5.00 (five dollar) late fee will be added to the bill. If payment is not received by the 28th day of the month in which it is billed, you will receive a 24 hour shut-off notice for non-payment and an additional \$5.00 (five dollar) posting fee will be added to the bill. There is a \$75.00 non-refundable restoration fee for all accounts turned off for non-payment. All checks returned for non-payment, regardless of the reason, will be charged a \$25.00 (twenty five dollar) fee.

I hereby make a request for water usage at _____
Physical Address of Property

Service to begin on the _____ day of _____, 20____. OWNER _____ RENTER _____

NAME: _____ Phone: _____ Cell: _____
(First) (M.I) (Last)

Billing Address: (if different than above) _____
Street/PO Box City State/Zip

OWNER NAME: _____ PHONE: _____

OWNER ADDRESS: _____

I, the undersigned, hereby voluntarily request to receive water service from the City of Gates. I further agree to accept full responsibility for all water charges incurred at the address/location listed above and agree to pay promptly. I also agree if any of these charges are not paid and these matters are turned over to a collection agency or attorney, I will be responsible for all expenses incurred, including but not limited to, court costs, attorney fees and collection agency charges. I will abide by all Ordinances regulating the use of City water and any other rules and regulations which may be adopted by the City Council concerning said services.

DEPOSIT REQUIRED: A one hundred twenty dollars (\$120) deposit is required for all water accounts at the time service is requested. Please make checks payable to; City of Gates

Signature of Applicant Date

Signature of Owner Date

FOR OFFICIAL USE ONLY

ACCOUNT NO. _____ DEPOSIT \$ _____

RECEIVED BY _____ DATE: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.
Race: (Mark one or more) White _____ Black or African American _____ American Indian/Alaskan Native _____ Asian _____ Native Hawaiian or Other Pacific Islander _____
Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

In accordance with Federal Law, the City of Gates prohibits discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint write the USDA, Office of Civil Rights, Washington DC or call (202)720-5964 (voice and TDD).