



TODAYS DATE: \_\_\_\_\_

## City of Harrisburg

### Application for Utility Service

APPLICANTS NAME: \_\_\_\_\_

**\*\*\*PHOTO ID IS REQUIRED\*\*\***

DRIVERS LICENSE NO: \_\_\_\_\_

EFFECTIVE DATE OF SERVICE: \_\_\_\_\_ PLEASE MARK ONE: BUYING ☐ RENTING ☐

SERVICE ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**\*PROPERTY OWNER INFORMATION (RENTERS ONLY)\***

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

**\*\*DISCLOSURE\*\***

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 a race/national origin of individual applicants on the basis of visual observation or surname.

**RACE: (CIRCLE ONE OR MORE)**

White Black or African American  
American Indian/ Alaska Native Asian  
Native Hawaiian or Other Pacific Islander

**ETHNICITY:(CIRCLE)**

Hispanic or Latino  
Not Hispanic or Latino  
Male Female

Completed by Employee: Yes or No

**\*PLEASE READ AND SIGN THE STATEMENT BELOW\***

**A \$100.00 deposit is required for all new accounts at the time service is to begin .** Property owners will have the deposit applied towards their account after a 2 year period, provided their account has not been delinquent. Renter's deposits will be applied towards the final bill and then refunded if a credit balance remains.

Your utility bill is a combination of water, sewer and storm drain charges. Utility bills go out the beginning of every month and are due on the 20th. **If your account is past due, payment must be received by the 10th of the following month avoid a shut off notice and accompanying tag fees.** The city charges \$20.00 when a shutoff notice is issued. If payment is not received or arrangements are not made, water service will be suspended as per date and time listed on notice. In the event service is disconnected, an additional \$50.00 in fee's will be assessed against the property address. Before service will be restored, the total past due amount, including fees must be paid in full to the city.

I have read and understand the above statement.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**FOR OFFICIAL USE**

ACC # \_\_\_\_\_  
AMT PD: \_\_\_\_\_ CASH/CHECK/ MO/CC  
DATE PD: \_\_\_\_\_  
METER READING: \_\_\_\_\_  
# OVER AGE 6 \_\_\_\_\_ SEWER UNITS \_\_\_\_\_

Return to: City of Harrisburg, 120 Smith St, PO Box 378, Harrisburg, OR 97446

[ccanham@ci.harrisburg.or.us](mailto:ccanham@ci.harrisburg.or.us)

(541) 995-6655 Fax: (541) 995-9244

The City of Harrisburg is an equal opportunity provider.  
Deposit rates effective 1/1/2021 to 12/31/2021