

**CITY OF COQUILLE  
WATER CONNECT APPLICATION**

DATE \_\_\_\_\_ INIT \_\_\_\_\_ RECEIPT # \_\_\_\_\_  
RENT  OWN  RESIDENTIAL  NON-RES.  NUMBER OF UNITS \_\_\_\_\_

NAMES \_\_\_\_\_

LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONES HM ( ) \_\_\_\_\_ WK ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

DOB \_\_\_\_\_ ACCT. MAINT. FEE \$ \_\_\_\_\_

SSN # \_\_\_\_\_ THREE-YR.DEPOSIT \$ \_\_\_\_\_

ODL # \_\_\_\_\_ REACTIVATION FEES \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TOTAL PAID \$ \_\_\_\_\_

REQUESTED CONNECT DATE \_\_\_\_\_

**Collection Agency Placement Policy:** You are financially responsible for the timely payment of your outstanding bill per our payment policies. You will be responsible for any and all collection agency fees up to 50% of the amount placed with, or assigned to, the collection agency. In the event we seek legal action for collection on your account, you may also be responsible for any and all fees associated with court costs, garnishments, and/or attorney fees.

- ◆ (1<sup>st</sup>) APPLICANT'S SIGNATURE \_\_\_\_\_
- ◆ (2<sup>nd</sup>) APPLICANT'S SIGNATURE \_\_\_\_\_
- ◆ IF BUSINESS, PRINT NAME & TITLE \_\_\_\_\_
- ◆ DATE \_\_\_\_\_

**TRANSFER OF PRIOR ACCOUNT BALANCE AND DEPOSIT**

The balance and/or deposit from the undersigned applicant's closed/closing account # \_\_\_\_\_ for water/sewer at \_\_\_\_\_ will be transferred to the account for which application is being made. The balance will remain due as of the date shown on the original billing and, if unpaid, subject to disconnection at the premise for which this application is being made according to current City policy for that due date.

- ◆ APPLICANT'S SIGNATURE \_\_\_\_\_
- ◆ DATE \_\_\_\_\_

**PROPERTY OWNER'S DEPOSIT WAIVER**

I, \_\_\_\_\_, owner of the property located at \_\_\_\_\_, Coquille, Oregon, waive the necessity of the \$75 deposit required by Coquille Municipal Code 13.04.020. In so doing, I understand that the City has the right to place a lien on this property when a water/sewer bill remains unpaid for 60 days after having been rendered. The lien thereby created may be foreclosed in the manner provide by ORS 223.610, or in any other manner provided by the law or City Ordinance.

- ◆ OWNER'S SIGNATURE \_\_\_\_\_
- ◆ DATE \_\_\_\_\_

**PREMISES LOCATED OUTSIDE OF THE CITY LIMITS**

Application is hereby made for water service at Premises known as \_\_\_\_\_ outside the city of Coquille, Oregon. It is understood and agreed that if this service is allowed, the undersigned owner or occupant of the Premises referred to herein shall pay the rate prescribed by city ordinance from time to time for service at that location; that this service shall be a special contract service and not provided by the city as a common utility service; that the quantity of water supplied by this service may be reduced or the service entirely discontinued at any time when the city council finds such action necessary in order to provide sufficient service to the inhabitants within the city limits, inasmuch as water service beyond the limits is a service of surplus water not needed within the city; that at least 30 days notice in writing shall be given by the city before such discontinuance may be put into effect; that notice delivered at the Premises or at the last known address of the owner or applicant shall be sufficient; that the undersigned may discontinue service without advance notice of more than one day, but shall be responsible for all water served to the Premise by the city until notice in writing is given of such discontinuance.

- ◆ APPLICANT'S SIGNATURE \_\_\_\_\_
- ◆ DATE \_\_\_\_\_

**TO THE APPLICANTS OF THE CITY OF COQUILLE'S WATER SYSTEM**

Please provide the following information to help assure that we will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that we comply with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

Please check the appropriate information below:

**RACIAL CATEGORIES**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

**ETHNIC CATEGORIES**

- Hispanic or Latino
- Not Hispanic or Latino

**CREW REPORT**

WATER CONNECT DATE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

LOCATION \_\_\_\_\_

ECR # \_\_\_\_\_ METER WAS ON / OFF @ LAST RDG OF \_\_\_\_\_ ON \_\_\_\_\_

READING \_\_\_\_\_ WATER IS ON \_\_\_\_\_ WATER IS OFF \_\_\_\_\_

WORKED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_