



City of Echo
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 Echo, OR 97826
 (541)376-8411
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 Email: ecpl@centurytel.net
www.echo-oregon.com

For Office Use only:
 Acct# _____
 Receipt # _____
 Amount of Deposit \$ _____
 San. Disp. Contact(time/date)

APPLICATION FOR UTILITY SERVICES

Name(s): _____

Mailing Address: _____ email address: _____

Street Address: _____
 (note only a few homes on Gerone Street have street delivery, so you must provide a mailing address such as a post office box.)

Renter _____ Owner _____ Home Phone #: _____ Work Phone #: _____

Date Service Required: _____ water/sewer Date Garbage P.U. needed _____

*To save postage & paper, if you provide an email address & Check here we will email you the monthly city newsletter. _____

Garbage Service: Yes No (please circle)

Type of Service: 35 gallon cart _____ 90 gallon _____

1.5 yd. dumpster _____ 2 yard dumpster _____

Have you lived in Echo before and been on utility service: _____ When _____

Deposit Required: A deposit of \$75.00 is required for each residential unit or user. However if the applicant has received service from the City of Echo before and has a history of delinquent payments, the applicant shall be required to pay a \$100.00 deposit. The deposit may be reduced to \$40.00 for any applicant who is able to provide a letter of recommendation from another water, utility or electrical company stating that the applicant was a customer in good standing. The letter must be dated no more than one year prior to the date of the application.

Due Date/Late Charge: Payment is due by the 10th of each month. If payment has not been received by the 25th of the month, a late charge of \$6.00 will be added to the bill for each month there is an unpaid balance.

(over)

Failure to pay: At any time after the due date, the city may send a notice to the applicant giving a ten (10) day notice to pay the bill or services will be discontinued. The amount due must be paid by that date or the water will be shut off and garbage service stopped. A reconnect fee plus the full amount owing must be paid in full to have service restored. Reconnect fees are \$20-9 am to 2:15 pm; 2:16 pm to 9am- \$30 (we can not guarantee that water will be reconnected before 9 am the following day if payment is not received before 2:15 pm). Any balance remaining after 90 days will be turned over for collection.

I (We) _____ have read and understand the above information and agree to pay the utility bill before the 25th of each month. I (We) also agree to provide the City of Echo with at least 24 hours notice of my intent to close my account in writing. I (We) understand that I (we) will be held responsible for water, sewer and garbage charges and any applicable interest, penalties or late charges until I do notify the city directly. I(We) also agree to notify the city immediately of any address change. I(We) understand that the City of Echo will share account information with our credit collection company of record. I(We) understand that the utility billing charges are for the period from the 15th to the 15th of each month and the actual bill will be generated on the 1st of the following month, as a result the billing is always at least two weeks behind the actual usage.

Signature of Applicant

Signature of Applicant

SS#

Place of Employment

SS#

Place of Employment

Date of Birth

Driver's License or Ore. ID Card #
ID w/Photo must be produced

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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: (Mark one or more)

White _____

Black or African American _____

American Indian/Alaska Native _____

Asian _____

Native Hawaiiin or Other Pacific Islander _____

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Male _____

Female _____

Completed by Employee: yes no

The City of Echo is an equal opportunity provider and is prohibited under Federal Law from discriminating on the basis of race, color, national origin, sex, age or disability.