

City of Lakeside  
915 North Lake Road  
P.O. Box L  
Lakeside, OR 97449  
541-759-3011



APPLICATION FOR WASTEWATER SERVICE

*Please Print*

SERVICE ADDRESS: \_\_\_\_\_ DATE SERVICE REQUESTED: \_\_\_\_\_

Own  Rent  RENTERS - NAME OF LANDLORD: \_\_\_\_\_

HAVE YOU HAD PRIOR WASTEWATER SERVICE IN LAKESIDE (IF YES, PROVIDE ADDRESS): \_\_\_\_\_

*Primary Applicant*

NAME: _____	TELEPHONE: _____
MAILING/BILLING ADDRESS (IF DIFFERENT): _____	
BIRTHDATE _____	
EMPLOYER: _____	WORK PHONE: _____
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU: _____	
_____	

**TERMS OF AGREEMENT**

Sewer charges are billed on the last business day each month for the current month. All balances are due and payable by the 25<sup>th</sup> of the month. If the account is not paid by the 25<sup>th</sup>, a delinquency notice will be sent to the customer with a copy to the property owner, if applicable. Information regarding your account may be provided to the property owner upon his/her request. If payment is late, a late fee of 2% of the total balance due per month will be applied to your account. There will be a \$35.00 fee charged on all returned checks. If you move or sell the property, you must notify the City of Lakeside immediately: You must provide us your new address so when the final bill is calculated, we can send it to you.

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 the collection agency. In the event we seek legal action for collection on you accounts, you will also be responsible for any and all fees associate with court costs, garnishments and/or attorney fees.

If the account is terminated you are liable for all shut off costs we incur and the service restoration fee of \$75.00 an hour for each hour of staff time necessary to restore service. If you sell the property, or the account is shut off for a long period of time, you may be required to pay a Re-Connect Fee in the amount of \$500.00

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*I have read the TERMS OF AGREEMENT, understand and agree to abide by these terms. I swear that all of the information on this application is true and correct. I hereby authorize the City of Lakeside to release any and all information regarding this account to the property owner, collection agency, or courts as needed to secure payment of this account. I hereby promise to pay all bills for such service when due, and to abide by all ordinances regulating the use of City utilities and any other rules and regulations which may be adopted by the City Council concerning said service.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

IN THE EVENT OF A LATE OR MISSED PAYMENT IT IS OUR POLICY TO NOTIFY THE REGISTERED PROPERTY OWNERS, LANDLORD AND/OR PROPERTY MANAGEMENT AGENCY WITHOUT TENANT NOTICE

RENTERS - PROPERTY OWNER'S SIGNATURE IS MANDATORY!

*I have read the TERMS OF AGREEMENT and understand and agree to abide by these terms. I hereby authorize the City of Lakeside to transfer any claim against this tenant to me in the event of default. I understand that past due amounts constitute a lien on this property as authorized by Ordinance 05-252.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner Signature

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner Signature

~ Office Use Only ~

PREVIOUS RENTER or OWNE#: \_\_\_\_\_ MAP#: \_\_\_\_\_

SEWER PERMIT#: \_\_\_\_\_

Existing Account Number: \_\_\_\_\_ Balance Due/Adjustment Amount: \_\_\_\_\_

Owner/New Account Number: \_\_\_\_\_ Balance Due/Adjustment Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_ Daily Rate: \_\_\_\_\_

Account Fee \$ 25.00 DATE: \_\_\_\_\_ Approved: \_\_\_\_\_