

CITY OF VERNONIA UTILITY BILLING APPLICATION
1001 BRIDGE ST., VERNONIA, OR 97064
OFFICE PHONE 503-429-5291 FAX 503-429-4232

Date _____ Date Service Required _____ Account Number _____

First Name _____ Middle _____ Last _____

First Name _____ Middle _____ Last _____

Address of Utility Service _____

Mailing Address, if different than utility address _____

(____) _____ (____) _____
 Home Phone Number Work Phone Number

Drivers License Number _____ Date of Birth _____

Residential Services () Commercial Service () * Owner () * Renter ()

NEW ACCOUNT ADMINISTRATIVE FEE

Water and sewer administrative fee is required to be paid at the time Services are initiated. The Administrative fee covers time and materials, associated with setting up this account and is non-refundable. I agree to conform and comply with all rules and regulations, which may legally be enforced while this agreement continues. If I fail to comply, after written notice from the city, I understand and agree that the city may at their choosing, refer my account to a collections agency and/or place a lien on the property. The city will upon request, supply the applicant with a copy of the rules, regulations, and rates currently in force.

Signature of Applicant _____ Date _____

*I am the owner of property for which utility services are being requested. If the applicant fails to make payments in accordance with the rules, regulations and ordinances of the City of Vernonia, I agree to be liable for those charges by signing this agreement.

* _____
 Name of Property Owner Signature of Property Owner

Property Owner's Mailing Address _____

Property Owner's Phone Number (____) _____

Change of Address _____

"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/Alaska Native ___ Asian ___ Native Hawaiian/Other Pacific Islander ___
 Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

Office Use Only		
Administrative Fee _____	Refundable Deposit _____	Receipt Number _____
Date Paid _____	Received By _____	

The City of Vernonia is an Equal Opportunity Provider and Employer