

# City of Garibaldi, Oregon

City Hall • 107 Sixth St. (P.O. Box 708) • Garibaldi, OR 97118 • Phone (503) 322-3327 [clerk@garibaldi.gov](mailto:clerk@garibaldi.gov)

## APPLICATION FOR UTILITY SERVICE

**Under Garibaldi Municipal Code** the property owner is responsible for payment of all charges for water and sewer service to their property. This means that any balance not paid by a tenant will be the responsibility of the property owner in the event their tenant should move from the property. The City will allow a tenant to place the utility service in their name provided the property owner signs the applicants form and provides necessary information in the event the City needs to contact the property owner. Utility service is billed monthly for services that have been provided (billed for what is actually used the prior month). Water and sewer service are provided together for each metered water connection and will not be billed as independent accounts, nor will the City apply payments to a preferred service. There is a base rate for water service with an additional charge per thousand gallons used over a minimum amount. There is a flat rate for sewer that is based on the number of Residential Equivalent Units (REU's) associated with each water service. This is determined by number of dwelling units for residential use or the average water usage over the course of one calendar year for commercial use. Utility bills are mailed on the first business day of each month and all new charges applied on the same day. New charges are due by the last business day of the month. If a charge is not paid by the 10<sup>th</sup> of the next month, a late letter will be sent and the customer will be charged \$5.00. If a charge is not paid within 60 days of being applied, water service will be turned off following a notice placed on the residence (door-hanger notice). The customer will be charged \$22.00 if a door-hanger is served and \$50.00 if service is turned off. The city can turn water service off after receiving a written request by the customer with two business days notice. The City will make every effort to turn service off in an emergency as soon as possible, but cannot be held accountable for any damage caused by leaks from a customer's water service. All customers are required to have a private valve to control water service, and the City may chose not to turn service back on until this has been installed or repaired to the City's satisfaction. The customer will be charged \$50.00 for every turn on and turn off. Sewer service is charged every month regardless of whether the water service is on or off. Further information can be obtained from the City's web site or by contacting City Hall.

**By signing this form, the property owner (and applicant if different) acknowledges that they understand their responsibilities while receiving utility service provided by the City of Garibaldi.**

Printed Name of **Property Owner**: \_\_\_\_\_

Address of Utility Service: \_\_\_\_\_ Date that you will be starting service: \_\_\_\_\_

1<sup>st</sup> Mailing Address: \_\_\_\_\_ 2<sup>nd</sup> Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of **Tenant** (Only if different from above): \_\_\_\_\_

1<sup>st</sup> Mailing Address: \_\_\_\_\_ 2<sup>nd</sup> Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ DL: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LOW INCOME SENIOR CITIZEN SEWER DISCOUNT PROGRAM

This program was implemented in 2002 to help lower the sewer charge for low-income senior citizens in Garibaldi. If you are interested in donating to this important and effective program you can either make a one-time contribution or have a small amount added to your utility bill each month. Donations are tax deductible and you will receive a receipt at the beginning of the New Year. **Ask staff for further information.** Thank you.

**PLEASE ADD TO MY MONTHLY BILL:** ☐ 50¢ ☐ \$1.00 ☐ \$2.00 ☐ \$5.00 ☐ OTHER \_\_\_\_\_ ☐ ONE TIME \$ \_\_\_\_\_

### ETHNICITY QUESTIONNAIRE

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, sex and gender of applicants on the basis of visual observation or surname.

☐ **OPT OUT**

**GENDER:** ☐ Male ☐ Female

**ETHNICITY:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**RACE:** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

### OFFICE USE ONLY

Map Number: \_\_\_\_\_ Tax Lot #: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Current Meter Read: \_\_\_\_\_ Service Start Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Service Base Rate (& Deposit Amount): \_\_\_\_\_

Residential ☐ Commercial ☐ Mixed Use ☐ Number of REU's: \_\_\_\_\_ Meter Size: \_\_\_\_\_

**THE CITY OF GARIBALDI IS AN EQUAL OPPORTUNITY PROVIDER**