

**City of Lakeside
915 North Lake Street
P. O. Box L
Lakeside, OR 97449**

**APPLICATION FOR WASTEWATER SERVICE
*Please Print***

Date: _____ Account No. _____ ID Check _____

I am requesting wastewater service, which is to be billed as follows:

Name: _____

Name: _____

Service Address: _____ Phone _____

Mailing Address: _____

Employer: _____

Address: _____ Phone _____

Spouse Employer: _____

Address: _____ Phone _____

Have you had prior wastewater service in Lakeside? No Yes Address: _____

DO YOU – Own Rent your residence: Date Service Requested: _____

Owner's Name _____

Owner's Address _____

Owner's Telephone _____

Collection Fee: If it is necessary to refer this account for collection, customer agrees to pay the City reasonable attorney fees and collection costs including any collection fees charged by a collection agency even though no suit or action is filed. If a suit or an action is filed, the amount of such reasonable attorney fees or collection charges shall be fixed by the court or courts in which the suit or action including any appeal therein, is tried, heard or decided. There will also be a \$15.00 fee charged on all checks returned.

Notwithstanding the billing address, the responsibility for payment of any unpaid balance shall be the responsibility of the property owner and may be placed as a lien against the premises as authorized by Lakeside City Ordinance No. 05-252 Section 16.

If you move or sale your 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.

I have read the above statement and understand the terms.

Signed: _____
Tenant Signature

Date: _____

Signed: _____
Property Owner Signature

Date: _____

This institute is an equal opportunity provider.

**TO THE APPLICANTS OF THE CITY OF LAKESIDE'S
WASTEWATER 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 in 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