

# CITY OF WHEELER

PO Box 117 • Wheeler • OR 97147  
(503) 368-5767

## APPLICATION FOR WATER SERVICE & NOTICE OF STORMWATER UTILITY FEE

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Name of applicant: \_\_\_\_\_

Location of service: \_\_\_\_\_

Billing contact information: \_\_\_\_\_

(Name)

(Mailing address)

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of service to begin: \_\_\_\_\_

By signing this application, I agree to abide by the rules and regulations of the City of Wheeler Water Department. This application is merely a written request for service and does not bind the City to serve. I understand that I am responsible for payment of charges for water service on this account until I inform the City that I am no longer responsible.

I also understand that the City of Wheeler has a Storm Water Management Utility which charges a monthly fee which is billed with the water bill.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY CITY STAFF:

Account #: \_\_\_\_\_ Meter size: \_\_\_\_\_

Fee amount: \_\_\_\_\_ Received by: \_\_\_\_\_

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The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide 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 provide it, we are required to not the race/national origin of individual applicants on the basis of visual observation or surname.

### Race (mark one or more):

- White                       Black/African American                       Asian  
 American Indian/Alaska Native                       Native Hawaiian/Pacific Islander

### Ethnicity:

- Hispanic/Latino     Not Hispanic/Latino