



City of Independence

555 S. Main Street, P. O. Box 7, Independence, OR 97351
Phone: 503.838.1212 Fax: 503.606.3282

UTILITY SERVICE AGREEMENT

I, _____, agree to pay \$ _____
on the 25th of _____. If I fail to keep this agreement, I understand that my utility
services will be disconnected. If my services are disconnected, I also understand that in
order to connect again, I am required to pay my past-due balance **in full**, pay a deposit if
required and pay a connection fee of **\$50.00**, and any other charges that may occur.

DATED _____

Owner Signature

Phone Number

Address

Account Number

Witness Signature