



## City of Independence

555 S. Main Street, P. O. Box 7, Independence, OR 97351  
Phone: 503.838.1212 Fax: 503.606.3282  
Email to: [billing@ci.independence.or.us](mailto:billing@ci.independence.or.us)

# UTILITY SERVICE AGREEMENT

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_

on the 25<sup>th</sup> 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Witness Signature