



BAKER CITY, OREGON
 P.O. Box 650, Baker City, OR 97814-0650
 541-523-6541 Voice/TDD
 bakercity.gov

No: **77399**

Connect Order Agreement for Baker City Utilities

Service Address: _____

On

Off

On

Off

Name on Account: _____

Name on Account: _____

Account #: _____

Account #: _____

Phone: _____

Phone: _____

Employment: _____

Name of Property Owner: _____

Mailing Address: _____

Primary Contact: _____ Email Address: _____

Authorized Contact: _____

Email Address: _____ Phone: _____

By signing below, I acknowledge Baker City Water and Sewer Departments general terms and conditions for both water and sewer as described in Ordinances #3255 and #2827 and summarized on the reverse of this Connect Order Agreement. I agree that I or my representative will be present at the time of connection. If not present, I agree to hold the city harmless from any and all damage that may result from the connection of the premises to the water system.

As of the above start date, I warrant that I am authorized to contract for utility service for the above service address, and that I am responsible for paying the rates, charges, and fees assessed for the services rendered by Baker City with respect to this address. Per the city ordinances, I will maintain my account financials in good standing and will strive to keep my account current. Should I default on my monthly payment obligation, I understand that I may have my services turned off until I bring my account in good standing. I have read, understand, and agree to adhere to the policies and conditions contained herein.

I certify that the above provided information is true and correct.

Account Holder: _____ Date: _____

↓ For Official Use Only ↓

Work to be done:

Read/Turn Off Read/Leave On Read/Turn On

Date: _____ Date: _____ Date: _____

Meter Information:

Work Completed by: _____

Photocopy of valid I.D. on file:

Make: _____ Size: _____ Meter/ERT number: _____

Remarks: _____

Readings:

Current: _____

Last: _____

Deposit Received:

Waived-Payment History:

Date/Amount: _____