City of Mitchell

PO Box 97
Mitchell, OR 97750
541-462-3121
Email: cityofmitchell@gmail.com

Bulk Water Sales Application

Business Name:_____ EIN or SS #:_____

Contact Name:_____ Phone #:_____

Billing Address:_____

Email Address:_____

Location: (please check one) In city limits:_____ Outside of city limits:_____ CCB:_____

Start date:_____ End date:_____

Estimated amount of water (Daily / Weekly): _____

Reason / Need:_____

_____

_____

Application is hereby made to the City of Mitchell for bulk water sales to be supplied to the above party. It being understood and agreed that water shall be supplied and used only in accordance with the rules, regulations and rates of the City of Mitchell and the Water Department, as now in force and any modifications, alternations or amendments thereof which may be made thereto by the City of Mitchell from time to time. **Resale of water is prohibited.**

_____**Bulk Water Deposit:**	**$100.00 (refundable)**
_____**Hydrant Meter Deposit:**	**$1,700.00 (refundable)**
_____**Bulk Water Connection Fee:**	**$20.00 (one-time fee)**
_____**Bulk Water Rate:**	**$150.00 / Initial 5,000 gallons**
_____**Additional gallons:**	**$3.00 / 1,000 gallons**

*Invoice Options: (please pick one)

_____ Pay Immediately Upon Completion

_____ Invoice (Invoices are sent on the 1st of each month)

*Payment is due upon receipt. Finance charge is computed by a periodic rate of 1 ½% per month, which is an Annual Percentage Rate of 18% applied to the Past Due Balance

*Please Initial the Following Indicating Your Understanding:

_____ In addition to the fees shown above, costs for Labor and Materials (i.e., pipe, city equipment, man hours) will be charged if incurred.

_____ Prior to utilizing the City's Water System, Applicant **must** contact one or both of the following for instructions/obtaining the Hydrant Meter.

Head of Maintenance: **Terrill Corbin (541) 325-9965**

Watermaster: **Dennis Lewchuk (503) 545-9165**

_____ All water must be dispensed using the City Hydrant Meter (preferred) OR a 1 ½" hose w/ nozzle.

_____ I/We will ONLY use the hydrant located near the City Restrooms.

Signature of Owner/Authorized Representative: Phone Number:

_____

LOCAL GOVERNMENT INFORMATION / APPROVAL

OFFICE:

Date Application Filed: _____

Administrative / Council Action:

Application **[ ] Approved as submitted**

[ ] Approved with condition _____

_____

_____

[ ] Denied (Reason for Denial) _____

_____

_____

BEGINNING METER READING:_____

ENDING METER READING:_____ (Upon Return of Meter)

Signed: _____ **Date:** _____