



OREGON WATER WONDERLAND UNIT II

SANITARY DISTRICT

55841 SWAN ROAD

BEND, OREGON 97707

PHONE (541) 593-3124 • FAX (541) 593-1111

www.oww2sd.com

APPLICATION AND AGREEMENT FOR SEWER SERVICE CONNECTION

Date _____

Name _____ Telephone _____

Mailing Address _____

Application and request are hereby made to **Oregon Water Wonderland, Unit II, Sanitary District** (Sanitary District or District) for sewer connection and service to be supplied to the below described premises (Property), it being understood and agreed that sewer connection service shall be supplied and used in accordance with the rules, regulations, rates and resolutions of the Sanitary District as are now in force, together with any additions, modifications, alterations or amendments thereof which may be made hereafter.

Tax Lot and Map # _____

Location Block _____ Lot _____ OWWII

Service Address _____

Owner's Name _____

Premises to be used as _____

Sewer service connection fees as established by the District must be paid prior to installation of the sewer connection, unless such fee has been forgiven by the District (Resolution 02-02 & letter of 12-16-04 re: connection charges). Where connection fees are not applicable, there shall be an inspection charge of \$25.00 payable with the first monthly service charge.

System Development Charge \$ _____ Date Paid _____

District Connection Charge \$ _____ Date Paid _____

NOTICE: Sewer service connection to the Sanitary District's collection system will be provided within the roadway easement. Hookup to Sanitary District **shall not be made until the application and payment of hookup fees are completed** where applicable. Upon completion of application and payment of hookup fee, the District shall locate the area of the service connection. The line from the dwelling to the point of connection **must be inspected by the District prior to the backfill** (this is in addition to the County required inspection). A \$25.00 fee will be assessed for this inspection. **IF YOU FAIL TO HAVE THIS INSPECTION DONE, A \$500.00 FEE WILL BE INCURRED.**

Applicant acknowledges and agrees that, as of the first of the month following payment of Applicant's hookup fee, Applicant will be billed as a District system user. Applicant agrees that the sewer service monthly fee as established by the Sanitary District will be billed monthly and that the full amount is due, even if the sewer system or service is not being used at Property. Applicant/Owner further acknowledges and agrees that these monthly amounts and other amounts due to District may be collected by the Deschutes County Assessor's office, pursuant to ORS 454.225, or imposed as a lien on Property.

Applicant – (Owner-Lessee)

Owner (if Applicant not Owner)

Received: _____ Date _____