

**OAK LODGE SANITARY DISTRICT  
REQUEST FOR CHANGE OF BILLING STATUS**

This form is designed to serve several purposes. Please mark only those spaces that apply to your situation.

Account Number: \_\_\_\_\_ Service Address: \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Day phone number: \_\_\_\_\_  
 Application Date: \_\_\_\_\_

**Status Change Requested:**

Dispute of Water Consumption Data: Request must include documentation from water provider showing that either water use data is incorrect or that water used did not flow to sanitary sewer (e.g. leak between water meter and house, not into house plumbing). Consumption difference must be at least 25% of present computed average water use and request must be made within 30 days of receiving first sanitary sewer service billing based on that computation. Describe situation, attach extra sheet(s) if more space is needed:

Occupancy/ownership/usage change: Explain change which would render calculated winter water use rate invalid, providing accurate dates, etc. Attach extra sheet(s) if more explanatory space is needed:

Discontinuance of service: Applies only to locations or which are vacant, with water service turned off and locked (documentation from water purveyor must be provided). Account charges will be reduced to fixed rate for a single Equivalent Dwelling Unit service. Describe situation, attaching extra sheet(s) if more explanatory space is needed:

Certification of Disconnection: Sanitary sewer service lateral serving site must be capped and capping must be inspected and approved by Oak Lodge Sanitary District staff. All sanitary sewer charges will be discontinued. Unless all structures are removed and site is returned to native vegetative condition, Surface Water Management fees will continue to be charged. Describe situation, attaching extra sheet(s) if more explanatory space is needed:

I, the undersigned, certify that this information is true and accurate and represents the actual conditions existing at the property for which I am requesting a **Change of Billing Status**. I further certify that I will promptly notify Oak Lodge Sanitary District at the time the status of this property changes.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_ Owner/Renter/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ Telephone: \_\_\_\_\_

Oak Lodge Sanitary District Office Use only  
 Action taken: \_\_\_\_\_  
 Effective date: \_\_\_\_\_ Staff: \_\_\_\_\_