



## CITY OF BEND

### EXTRA STRENGTH CHARGE RECLASSIFICATION POLICY

Any customer in an industry that is required to pay a sewer extra strength charge may request reclassification at any time by submitting a written application and payment of the Reclassification Application Fee.

The City shall reclassify the applicant's discharge if the applicant provides evidence to show:

1. The applicant has in place a process, program and/or facilities that reduce the discharge strength to a lower category than would otherwise be applicable.
2. Reliable published data indicates that the expected discharge strength of the industrial use type would place the use in a lower category.

A reclassification shall apply only to future bills for a maximum of 12 months. Reclassifications may be extended for an additional 12 months using the same process and standards applicable to an original reclassification.

The City may impose conditions on a reclassification, and may terminate a reclassification if the discharge no longer meets the standards mentioned above.

A request for reclassification can **result in an increase in charges** if discharge strength is found to be higher than the current billed extra strength category.

Reclassification review and decision will be complete no later than 30 days from the date that the City receives the completed application, required documentation, and application fee.



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### APPLICATION FOR EXTRA STRENGTH CHARGE RECLASSIFICATION INSTRUCTIONS

- Mail or drop off complete application packet including the following:
  - Completed and signed application form
  - All required documentation
  - \$123.90 fee (\$118 application fee + \$5.90 franchise fee)  
payable to the City of Bend

Mail to:

City of Bend  
Utility Billing - Commercial Accounts  
PO Box 1024  
Bend, OR 97709

Drop off location:

City of Bend  
Utility Billing Department  
637 NW Franklin Ave  
Bend, OR 97703

- For billing questions related to the Extra Strength Charge Program, please contact Utility Billing - Commercial Accounts at (541) 388-5515 ext 8566.



# CITY OF BEND

## APPLICATION FOR EXTRA STRENGTH CHARGE RECLASSIFICATION

Utility Account Holder:

Name of Person Requesting Reclassification:

Title of Person Requesting Reclassification:

Type of Business:

NAICS Code:

City of Bend Utility Account Number:

Service Address:

Phone Number:

Email Address:

List process, program and/or facilities that reduce discharge to a lower strength or attach published data that indicates lower discharge strength for this category. If additional space is needed, attach a separate sheet.

Utility Account Holder Printed Name

Title

Utility Account Holder Signature

Date

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Internal Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_ INFOR Entry/Scan Date: \_\_\_\_\_

Accepted/Denied: \_\_\_\_\_ IPP Signature: \_\_\_\_\_