

Important Billing & Due Date Information

All bills for water, sewer and sanitation are due and payable on the fifteenth (15th) day of each month and delinquent on the sixteenth (16th) day of the month. If not paid before delinquency, a late fee will be added to said amount due. Failure to receive a bill does not waive the late fee. Service(s) may be discontinued if delinquent billings are not paid. Unpaid utility bills may be sent for collection or to Nez Perce County as an assessment against your property.

Notice: Checks returned by payee's banking institution may be assessed up to a \$20.00 fee

City of Lewiston Citizen Self-Service Information

Through the Citizen Self-Service (CSS) module at cityoflewiston.org you may view past and current billing statements (including billings with credit balance), view up to 13 months of consumption history, request a change of mailing address or pay your City of Lewiston utility bill with a credit or debit card. Utility bills are posted on CSS as soon as bills are generated, which is typically by the 25th of the month. *Some exceptions apply to CSS access.*

After hours calls may have a cost associated with them for personnel responding to the call. If the call concerns or is a result of a problem with the City's water system, no fee will be charged. If the call-out is caused by a private plumbing problem, you can anticipate a fee of at least \$100.00 per person per hour.

Utility Billing Questions	Admin. Services	208.746.3671 Ext 0
Water Emergencies	Public Works	208.746.1316
Water Emergency After Hours	<i>Call out fees may apply</i>	208.790.1712
Solid Waste or Transfer Station	Public Works	208.746.1316
Missed Garbage or Yard Waste	Sunshine Disposal	208.743.4075

Residential customers must have garbage and recycle bins out by 7:00 am to ensure pick-up



2021 City Hall & Utility Billing Holiday Closures

**January 1st & 18th, February 15th, May 31st July 5th, September 6th,
November 11th, 25th & 26th, December 23rd & 24th**



Signup for Automatic Bill Payment

To sign up for auto bill payments please complete the form below.

The account must be brought to a zero balance before automatic payments will start. Attach a voided check from the account the payment is to be deducted from each month. Auto Bill Payments are deducted on the 15th of each month or next business day.

Please PRINT

Complete Automatic Bill Payment (ABP) Information or change of mailing address below. Thank you.

Automatic Bill Payment (ABP) - Enrollment Form

<p>1 Supply a voided check from the account you wish to debit. Please enter:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="padding-left: 10px;">Routing Number</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="padding-left: 10px;">Account Number</td> </tr> </table> <p><i>The Routing Number is located to the left of the Account Number</i></p> <p> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/> Check to receive email statement Email Address: _____ </p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<p>2 Be sure to enclose a payment for your Total Amount Due</p> <p>Phone Number (____) _____</p> <p>X _____ Signature (must match name on account)</p>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Routing Number				
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Change of Address - Please indicate your new mailing address below:

Address _____

City _____ State _____ Zip _____