

**CLAIM FOR RELIEF**  
**JOSEPHINE COUNTY ORDINANCE 2018-006**

Please Note: This claim for relief and all of the information contained in it will be maintained as confidential by Josephine County. The information contained herein will not be disclosed unless disclosure is ordered by a court of competent jurisdiction, except that the County will notify the electric utility of the name and address of each claimant. Please print or type all information. Please use a separate form for each address, if more than one.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Address is: Residential \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

4. Telephone: Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

5. Email : \_\_\_\_\_

6. From your utility billing, please state your utility account number. If you have more than one meter installed, or more than one account for which you want relief, state each account number separately:

\_\_\_\_\_  
\_\_\_\_\_

7. Please state what relief you want:

\_\_\_\_\_ I/We have not yet had a smart meter installed, and I/we request that the electric utility not install a smart meter on my/our property, and that no opt out fee be imposed.

\_\_\_\_\_ I/We have had a smart meter installed, and I/we have requested that the electric utility remove the smart meter within thirty (30) days and replace it with a non-radio frequency, digital broadcasting or non-broadcasting, or non-computerized analog meter, or provide for alternate reporting methods. (Circle type of meter requested).

\_\_\_\_\_ I/We have had a smart meter installed, and I/we have requested that the electric utility remove the smart meter but the utility has refused to do so. I/we request that the utility remove the smart meter and replace it with a non-radio frequency, digital broadcasting or non-broadcasting, or non-computerized analog meter, or provide for alternate reporting methods. (Circle type of meter requested).

\_\_\_\_\_ I/We have refused to allow installation of a smart meter, and the electric utility has billed me/us for additional amounts because of or related to that refusal, and I/we request that the utility cease billing for additional amounts that were incurred on or after March 1, 2019.

**NOTICE:** Filing this request for relief does **NOT** mean that you no longer have to pay your utility bills. Until you receive official notification to the contrary, you **MUST** continue to pay your entire utility bills on time, including any surcharge or opt-out fee.

I certify that I am responsible for paying the utility bills at this address, for each account listed, that I have read and understand the statement above, that the information I have submitted is true, complete, and correct, and that paying surcharges on my utility bill creates an economic hardship. If I am filing this form electronically, the filing constitutes my signature for all of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RETURN FORM ONLINE OR BY MAIL BEFORE FEBRUARY 27, 2019 TO:**

Board of County Commissioners  
500 NW Sixth St., Dept. 6  
Grants Pass, OR 97526  
[bcc@co.josephine.or.us](mailto:bcc@co.josephine.or.us)