CITY OF PORT ORFORD
WATER AND SEWER DISCONNECT SERVICE REQUEST

NAME: _____

MAILING/FORWARDING ADDRESS:

_____

PHONE NUMBER(S): _____

NOTICE TO RENTERS: The $200.00 SERVICE SECURITY DEPOSIT, which was required before your Water and Sewer service began, will be applied to any remaining balance on your account. If there is no balance on your account, a refund check will be mailed to the Mailing/Forwarding address you provide.

MOVE-OUT DATE: _____

DISCONNECT DATE (if different from Move-out Date): _____

ACCOUNT NUMBER: _____

OWNER NAME (if different from above): _____

OWNER ADDRESS: _____

OWNER PHONE: _____

I request that Water and Sewer services be disconnected from the above address. I understand I am responsible for final bills.

SIGNED: _____

DATE: _____

Updated 9/22/25