

CITY OF PORT ORFORD
WATER AND SEWER DISCONNECT SERVICE REQUEST

DATE: _____

NAME: _____

MAILING/FORWARDING ADDRESS:

CELL PHONE: _____

NOTICE TO RENTERS: THE \$100.00 SERVICE SECURITY DEPOSIT THAT WAS REQUIRED BEFORE WATER AND SEWER SERVICE BEGAN WILL BE APPLIED TO ANY REMAINING BALANCE ON THE ACCOUNT. IF THERE IS NOT A BALANCE ON THE ACCOUNT A REFUND CHECK IN THE AMOUNT OF \$100.00 WILL BE MAILED TO THE MAILING/FORWARDING ADDRESS YOU PROVIDE.

MOVE OUT DATE: _____
DISCONNECT DATE IF DIFFERENT FROM MOVE OUT DATE:

ACCOUNT NUMBER: _____

OWNERS NAME: (if different from above) _____

OWNERS ADDRESS: _____

OWNERS PHONE: _____

I am requesting water and sewer services be disconnected at the above address. I understand I am responsible for all final bills.

SIGNED: _____