



CITY OF AMITY  
WATER/SEWER DEPARTMENT  
(503) 835-4181

## STOP SERVICE REQUEST FORM

Today's Date: \_\_\_\_\_ Date to Stop Service: \_\_\_\_\_

Customer Full Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Request By:  Owner  Renter  Management Co.

I certify all statements to be true and correct \_\_\_\_\_  
Signature Date

**FOR OFFICIAL CITY USE ONLY - Do NOT write below this line**

Received By: \_\_\_\_\_ Final Bill Date: \_\_\_\_\_ Mailed: \_\_\_\_\_

### Deposit Information

Deposit on File  Yes  No Amount: \$ \_\_\_\_\_ Applied to Final Bill? Y / N

Refund Due:  Yes  No Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

### Meter Information

Meter Read: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Read By: \_\_\_\_\_

<b>Notes:</b>