

CITY OF WEST
1865



**WATER/SEWER REQUEST
DISCONNECT NOTICE**

DIS-Connection Date _____

Applicant's Name _____

Co-Applicant's Name _____

Service Address _____ Billing Address _____

Home & Cell Phone Number _____

FORWARDING Mailing Address: _____

In the event the water service is discontinued for any reason at the above mentioned address, the homeowner will continue to be charged basic sewer rate from the City Fee Schedule. If sewer is capped by Public Works, there will be a reconnection fee based on the City Fee Schedule You may contact us at 541-566-3313 or 114 E Main Street during regular hours.

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE WATER AND SEWER REGULATIONS AS BY CITY ORDINANCE.

Signature/Date

OFFICE USE ONLY

Meter # _____

Landlord (if applicable) _____

Meter Read _____