

**CITY OF CLATSKANIE  
PO BOX 9  
CLATSKANIE, OR 97016  
503-728-2622**

**DISCONTINUANCE OF WATER/SEWER SERVICE**

Date: \_\_\_\_\_ Account Number \_\_\_\_\_

Name: \_\_\_\_\_

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

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Date for FINAL READING \_\_\_\_\_

( ) SHUT OFF – VACATION (2 months or longer) Turn On Date: \_\_\_\_\_

(There is a \$35.00 reactivation fee)

( ) RENTAL (Name of Property Owner): \_\_\_\_\_

( ) Sold Property (Name of New Owner): \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date