



City of Clatskanie
75 S Nehalem Street
PO BOX 9
Clatskanie, OR 97016
Office: 503-728-2622
Fax: 503-728-3297

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