

City of Lakeside  
915 North Lake Road  
PO Box L  
Lakeside, OR 97449

## WASTEWATER STOP SERVICE ORDER

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Stop Service Date: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

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

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

Contact Phone Number(s): \_\_\_\_\_

Reason Service Stopping: \_\_\_\_\_

Owner/New Owner(s) Name: \_\_\_\_\_

Owner/New Owner(s) Address: \_\_\_\_\_

Owner/New Owner(s) Phone Number(s): \_\_\_\_\_

If sale of home, date escrow closed: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**~ Office Use Only ~**

PREVIOUS RENTER: \_\_\_\_\_

SEWER PERMIT #: \_\_\_\_\_

MAP #: \_\_\_\_\_

Existing Account Number: \_\_\_\_\_

Balance Due/Adjustment Amount: \_\_\_\_\_

Owner/New Account Number: \_\_\_\_\_

Balance Due/Adjustment Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_

Monthly Rate: \_\_\_\_\_ Daily Rate: \_\_\_\_\_