

**UTILITY AGREEMENT
STOP SERVICE**



CITY OF SISTERS

Water Service ----- Stop Service

Renter Owner Landlord

SERVICE ADDRESS TO STOP

STOP DATE

MAILING ADDRESS FOR FINAL BILL:

Applicant Name: _____

Mailing Address: _____

City, State, and Zip: _____

Home Phone#: _____ Cell Phone#: _____

PROPERTY OWNER NAME & ADDRESS (required):

Name

Address

- This Stop Service form serves as my written notification to terminate my landlord agreement with the City of Sisters as I am no longer the owner of record.**

I have read and understand the requirements. I agree to conform to the rules, regulations, and ordinances as a condition for the use of water and sewer service, referred to as city service charges.

SIGNATURE OF APPLICANT _____ **DATE** _____

For Office Use Only

ACCOUNT #: _____ **SERVICE ORDER #** _____ **INITIALS** _____

DEPOSIT ON ACCOUNT _____ **LETTER OF CREDIT** _____ **TRANSFER DEPOSIT TO** _____

NOTES: _____