

**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:** \_\_\_\_\_