

Utility Agreement **STOP** Service

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



Return by email kkeeton@ci.sisters.or.us

Service Address

Stop Date

APPLICANT:

First Name

Last Name

Mailing Address (for final bill)

City, State, and Zip

Home Phone

Cell Phone Number

Email

PROPERTY OWNER or PROPERTY MANAGEMENT COMPANY (required):

First Name

Last Name

Mailing Address

City, State, and Zip

- 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 Number #

Service Order #

Initials

Deposit on Account

Letter of Credit

Transfer Deposit to

Notes

Effective Date 2/17/16