



Account # _____ - _____

P. O. Box 487
Merrill, OR 97633
(541) 798-5808
Fax (541)798-0145

Disconnection

Last Name First

Reason for Disconnect: _____

Service Address: _____

Mailing Address: _____

Forwarding Address (for deposit refund, if applicable):

Date of Disconnect: _____

Signature Date

City of Merrill Ordinance No. 264, Title V: Public Works: Sections 50: Shutoff Request.
Should any person desire to discontinue the use of the water supply to his or her premises for a period of not less than one month, he or she shall notify the Water Superintendent and pay in full all assessments in arrears at the office of the City Recorder. **The water will then be turned off by the Water Superintendent and will be turned on again upon application for which a charge of \$10 will be made.** No remission of any water will be made for a period less than a month, or without notice to the Water Superintendent as provided in this section. (Ord. 264, passed 7-7-1987)

OFFICE USE ONLY

Outstanding Balance:

Unpaid utility charge due: _____

Current utility charge prorated: _____

Total due to close account: _____

Deposit details:

Amount Refunded \$ _____ Date of Refund _____ Check # _____

Meter No.	Serviceman	Reading	Date