



70 N Pioneer St Box 490
Lowell, Oregon 97452
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Disconnect Utility Service

Final Bill Date: _____ Customer Name: _____

Account No: _____ Service Address: _____

E-mail address: _____ Home Phone Number: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Account Type:

Type of disconnect:

- | | | |
|--|--|---|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Selling | <input type="checkbox"/> Renter Moving Out |
| <input type="checkbox"/> Landlord | <input type="checkbox"/> Snowbird (see below) | <input type="checkbox"/> Converting to Rental |
| <input type="checkbox"/> Prop Manager | <input type="checkbox"/> Temporary (see below) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Renter - Please fill out property Landlord/ Management company information below: | | |

If not the owner, please fill out the Property Owner/Landlord Information:

Owner/Landlord: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Home Phone Number: _____

Temporary/ Snowbird Disconnect Local Emergency Contact: _____

Phone: _____ Relationship: _____

Return to Service Date: _____

Accountholder Signature: _____ Date: _____

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

METER NUMBER: _____ ACCT #: _____

METER READING: _____ RT. # _____ SEQ. # _____

NOTES: _____
