

Account # \_\_\_\_\_

# City of Port Orchard Discontinuance of Utilities Form

Date: \_\_\_\_\_

The undersigned hereby requests discontinuance of Water service at:

\_\_\_\_\_ and acknowledges responsibility for all charges due and pending as of the effective date of this request.

Owner/Agent: \_\_\_\_\_

*Tenants may not use this form.*

Reason: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Remarks: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signed: **X** \_\_\_\_\_

*Applicant*

**Office Use Only**

Accounting \_\_\_\_\_ Inspector's Record \_\_\_\_\_

Amount Due \_\_\_\_\_ Remarks: \_\_\_\_\_

Bookkeeper: \_\_\_\_\_

Meterbook: \_\_\_\_\_ Meter Read Date: \_\_\_\_\_

Street File: \_\_\_\_\_ Meter Reading: \_\_\_\_\_

Alpha File: \_\_\_\_\_ Meter Size: \_\_\_ Make: \_\_\_\_\_

Springbrook: \_\_\_\_\_ Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Inspector

Please complete form and return to City of Port Orchard

FAX: 360 895-9029

or By mail to:

216 Prospect Street

Port Orchard, WA 98366

Attention: Utility Billing