



PO Box 490, Lowell OR 97452

DISCONNECT UTILITY SERVICES

Utility Deposits on File May Be Used to Pay Final Bill Charges

Meters are read on or about the 20th of each month, and utility bills are mailed by the 5th of the following month. Payment is due by the 20th of the month in which you received your bill, per LMC 4.026. An account is considered delinquent if charges are not paid by the due date designated on the bill, per LMC 4.027(a). All accounts deemed delinquent will be assessed a \$5.00 penalty. If the bill remains unpaid, approximately 10 days after the delinquent date, a door hanger will be posted and a \$10 door hanger fee will be added, per LMC 4.028. If the service is shut off for non-payment, the balance must be paid in full along with the reconnect fee of \$55.00 before service will be restored.

Service Address _____	Disconnect Date _____
Customer Name _____	Account Number _____
Forwarding Address _____	Phone Number _____

TYPE OF REQUEST	ACCOUNT TYPE	DEPOSIT
<input type="checkbox"/> Selling Home	<input type="checkbox"/> Home Owner	<input type="checkbox"/> Apply _____
<input type="checkbox"/> Renter - Moving Out	<input type="checkbox"/> Renter - Please fill out next section	<input type="checkbox"/> Refund _____
<input type="checkbox"/> Converting to Rental	<input type="checkbox"/> Landlord	<input type="checkbox"/> Transfer _____
<input type="checkbox"/> Temporary/ Snowbird (see Below)	<input type="checkbox"/> Property Manager	<input type="checkbox"/> No Deposit on File

RENTAL PROPERTY REQUIREMENTS

RENTERS MOVING OUT NEED TO PROVIDE PROPERTY OWNER/ MANAGER INFORMATION BELOW

Owner's Name _____	Phone No _____
Owner's Address _____	Email _____

SNOWBIRD REQUIREMENTS

EMERGENCY CONTACT INFORMATION IS REQUIRED IN ORDER TO PROCESS SNOWBIRD REQUESTS

Emergency Contact _____	Contact Phone No _____
Relationship _____	Return to Service Date _____
_____	_____
<i>Account Holder Signature</i>	<i>Date</i>

For Office Use Only:	Account Number _____	Rec'd By _____
<input type="checkbox"/> New Acct Rec'd	Service Order _____	Rec'd Date _____
<input type="checkbox"/> Deposit Applied	S/O Completed By _____	Meter No _____
<input type="checkbox"/> Deposit Refunded	Meter Reading _____	Route No _____

