



PO Box 490, Lowell OR 97452

DISCONNECT UTILITY SERVICES

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

Temporary disconnect requests must be received in writing at least 10 business days in advance, per LMC 4.034(a). A fee will be charged for discontinuing and resuming service, per LMC 4.034. If no request is made, billing will continue at the normal monthly rate. Utility customers moving out/ vacating premises must complete a disconnect form prior to the move out date. If no request is received by the City, the customer is responsible until the date service is actually discontinued by the City, per LMC 4.035. Utility deposits on file at the time a final bill is created will be applied to the balance of the account and any deposit remaining will be refunded to the customer. All final bills remaining unpaid may be sent to a collections agent along with a collections fee of 25% of the account balance after any deposit has been applied, per LMC 4.031.

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 _____

_____ *Account Holder Signature* _____ *Date*

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 _____