

CITY OF MADRAS



71 SE D STREET

MADRAS, OR 97741-1605

541-475-2344 • FAX 475-7061

WATER/SEWER SERVICE CANCELLATION REQUEST

DATE: _____ DATE OF REQUESTED SERVICE _____

NAME: _____ PHONE: _____ I.D.# _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

Please refund any deposit balance to the above address.

Customer's Signature

FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____ WATER/SEWER _____ SEWER ONLY _____

TURN METER: ON _____ OFF _____ READING _____

DEPOSIT: AMOUNT _____ CREDITED _____ REFUNDED _____ CHECK# _____

ACCOUNT PAID IN FULL: _____ (Y) _____ (N) _____

PAST DUE AMOUNT _____
MINUS DEPOSIT _____
TOTAL AMT DUE _____

TRANSFERRED TO: _____

REQUEST TAKEN BY: _____

COMMENTS: _____

COUNCIL

MEETS SECOND & FOURTH TUESDAY EACH MONTH

The City of Madras is an Equal Opportunity Provider