



CITY OF GASTON

116 Front Street, P.O. Box 129,
Gaston, Oregon 97119 Phone (503)985-3340
www.cityofgaston.com



Water Service Termination Request

Date	
Name	
Water Account Number	
Address of Water Service	
Telephone Number	
Email	
Forwarding Address	
Forwarding Telephone	
Date Service to be Terminated	

Termination Request:

- I understand that by signing this form, I am requesting that my water service with the City of Gaston Water Department be terminated as of the date I requested (above).
- I understand that I will be responsible for paying all water usage up to the date I requested (above).
- I understand that the outstanding balance on my bill will be deducted from my deposit and that the balance will be refunded to me via the forwarding address I provided above. I understand that if the balance on my final bill exceeds my deposit, I will be responsible for paying the balance in excess of my deposit.
- I have read and understand the City's policy regarding bad debt: If you vacate the premise and your deposit does not cover your final bill, the City will pursue collection of the remainder of the debt. If the balance becomes past due, the City will add a twenty five percent (25%) collection fee, and may turn the account over to a collection agency, report each delinquent account to each of the three credit bureaus, and/or file a lien against your property. Other legal action may be pursued by the City in an effort to collect the debt.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:

CUSTOMER'S SIGNATURE: _____

DATE: ____ / ____ / ____

(Office Use)

Shut-off Date	
Final Reading	
Deposit Y/N	