

Account #	-
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P. O. Box 487 Merrill, OR 97633 (541) 798-5808 Fax (541)798-0145

Temporary Shut-Off

Last Name	First			
Reason for Disconnec	ct: 🗆 Vacation 🗆 D	ouck Hunter 🗆 Season	nal 🗆 Repair	
Service Address:				
Mailing Address:				
			etion Date:	
Signature			Date	
Meter No.	Serviceman	Reading	Date	
Reconnect Details:				
Reconnect Date:		_		
Signature			Date	
Meter No.	Serviceman	Reading	Date	
OFFICE USE ONLY				
□ \$10 Reconnect Fee		Date entered in UST	I:	

City of Merrill Ordinance No. 264, Title V: Public Works: Sections 50: Shutoff Request. Should any person desire to discontinue the use of the water supply to his or her premises for a period of not less than one month, he or she shall notify the Water Superintendent and pay in full all assessments in arrears at the office of the City Recorder. The water will then be turned off by the Water Superintendent and will be turned on again upon application for which a charge of \$10 will be made. No remission of any water will be made for a period less than a month, or without notice to the Water Superintendent as provided in this section. (Ord. 264, passed 7-7-1987)