



Account # \_\_\_\_\_

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

### Change of Mailing Address

\_\_\_\_\_  
Last Name First

Service Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Date of Change of Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

I hereby request City Of Merrill to supply service as stated hereon until notice from me requesting disconnection of this service. I agree to pay for such service promptly after billing according to the consumption shown by the meter and at the rate schedule allocable for such service and to comply with the rules and regulation of the City Of Merrill and approve of the City Council, now in effect, or as amended in the future. In particular, I have read, understood and accepted the following terms regarding deposit:  
THE DEPOSIT AND APPLICATION MUST BE RECEIVED ON THE DATE FOR WATER SERVICE  
- DEPOSITS DO NOT EARN INTEREST.