



PROPERTY SELLER STOP SERVICE APPLICATION

Property Address _____

Closing Date _____ Today's Date _____

Primary Property Owner

First and Last Name _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Will there be a rent back? Yes No If yes, last day of possession _____

Identity Verification (complete one)

Social Security Number _____

Driver's License / ID State _____ Driver's License / ID Number _____

Final Billing

Mailing Address _____

City/State/Zip _____

Additional Comments

Certification

By signing I certify that I am the Property Owner and the information provided is complete and accurate, and that I agree to comply with the current Rules and Regulations (Code) of Oak Lodge Water Services District related to utility services provided by the District.

Signature _____ Date _____

You may submit this form via email, or by postal mail.
Email: billing@olws.org | District Office: 14496 SE River Road, Oak Grove, OR 97267

If you have additional questions, please contact (503) 654-7765.

Updated 10/2024