

TENANT STOP SERVICE APPLICATION

Property Address	Account Number
Move-Out Date	Today's Date
Property Tenant	
First and Last Name	
Home Phone	
Email	Date of Birth
Identity Verification (complete one	·)
Social Security Number	
Driver's License / ID State	Driver's License / ID Number
Final Billing	
Mailing Address	
City/State/Zip	
Optional	
Property Owner or Management Co	ompany
Phone	_ Email
Additional Comments	
	and the information provided is complete and accurate, and that I agree to allations (Code) of Oak Lodge Water Services District related to utility services
Signature	Date

You may submit this form to the Oak Lodge Water Services District in person, by email, or by postal mail. Email: billing@olwsd.org | District Office: 14496 SE River Road, Oak Grove, OR 97267

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



Additional Comments

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