

City Of Lakeside
915 North Lake Street
P. O. Box L
Lakeside, OR 97449

STOP SERVICE ORDER

Date: _____ Account No. _____

Service End Date _____

Name: _____

Service Address: _____

Forwarding Address: _____

Reason Service Ending:

_____ Sale of Home / Escrow Closed on _____

Other reason please list _____

New Owners names: _____

When are they taking position of the home _____