

CITY OF HALSEY
STOP SERVICE ORDER

Account Name: _____

Service Address: _____

Stop Service On: _____

*Water and Sewer Service in the City of Halsey is billed
“after the use”. In order to close your account, we need
an address where the final bill will be forwarded*

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____
(Electronic signatures will be accepted)

Mail to: City of Halsey
PO Box 10
Halsey, OR 97348

Email to: martha@cityofhalsey.com

Fax to: 541-369-2521

CITY USE ONLY:

Date Received: _____

Computer Entry: _____

Water Turned Off: _____