



DISCONNECT SERVICE

Baker City Water Department

Name _____

Service Address _____

Account No. _____

Date service requested to be out of your name (Mon-Fri) _____

Final Bill Mailing Address _____

Phone Number _____

Signature

Date

To submit this form:

- Mail or bring to: Baker City Hall, 1655 First St – P.O. Box 650, Baker City, OR 97814
- Fax to: (541) 524-2061
- Email to: finance@bakercity.com

If you have any questions, please contact Baker City Water Department at (541) 523-6541.