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REQUEST TO DISCONNECT WATER SERVICE

Please fill out the following form to request Utility Billing staff disconnect your water service.

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

NAME ON ACCOUNT: _____

PHONE NUMBER: _____

MAIL FORWARDING ADDRESS:

STREET ADDRESS

CITY, STATE, ZIP

DATE OF DISCONNECTION: _____

SIGNATURE

DATE

I agree that I am the Primary Applicant on this account and that I am authorized to request disconnection of this account.

**A VALID PICTURE ID MUST BE INCLUDED WITH THIS REQUEST
(examples: Drivers License, Military Identification Card, U.S. Passport)**

NOTE: Services will not be disconnected until this form is completed and returned to the Water Office.

For Office Use Only:

Utility Clerk: _____

Date: _____