P.O. Box 88
14487 US Hwy 411
Odenville, AL 35120
(205) 629-5801
www.oubwater.com

REQUEST TO DISCONNECT SERVICE

CUSTOMER NAME:_____

SERVICE ADDRESS:_____

PHONE NUMBER:_____

DATE TO DISCONNECT:_____

*FORWARDING ADDRESS:_____

***A forwarding address is REQUIRED. Water will not be disconnected unless the forwarding address is provided.**

I am requesting that the service be disconnected at the above address on the date requested. I understand that I will receive a final bill. If there is a deposit on my account, the final bill will be deducted from this amount, and I will receive a refund for the remaining amount which will be mailed to the forwarding address. If the deposit does not cover the final bill, I understand that I am responsible for the balance owed after the deposit is applied.

_____

SIGNATURE DATE

Please include your social security number and a copy of your driver's license when submitting this request.

This information is used to verify that you are the account holder.

The NAME on the account must match the NAME on the driver's license.

DRIVERS LICENSE #_____ STATE ISSUED_____

SS#_____

FOR OFFICE USE: Customer#_____ Date Rec'd/Entered_____

Outstanding Balance:$_____ Final Bill Date:_____