



REQUEST TO DISCONNECT SERVICE

ACCOUNT NAME: _____

SERVICE ADDRESS: _____

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. 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 a copy of your driver's license when submitting this request.

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

DRIVERS LICENSE # _____ STATE ISSUED _____