

Request to Discontinue Water Service

Landlords and property owners/management: Please, call our office for assistance

Form must be received at least 24 hours prior to the disconnection date

Date to Disconnect Service (Mon- Fri) _____

Account Holder Name _____

Account # _____

Service Address _____

Phone Number _____

Email Address _____

Forwarding Address: For final bill or refund check

Street Address _____

City, State, Zip _____

By signing, I understand that my final bill or refund check will be mailed to the forwarding address provided above. I also understand that I am responsible for paying my final bill.

Signature

Date

Office Use Only: Date Received _____ Employee Initials _____