



DISCONTINUE SERVICE FORM

I, _____ am requesting that my water/sewer sewer service

located at _____

be taken out of my name effective on the ____ day of _____ 20____.

We ask that all past due balances be paid before service is disconnected. There will be a final reading which will be deducted out of the deposit.

If I have a deposit to refund or a remaining balance, Please send it to my new address at:

Name _____

Address _____

Address _____

Phone _____

Deposit Owners Signature: _____ Date _____