



## REQUEST TO DISCONNECT SERVICE

ACCOUNT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

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DATE TO DISCONNECT: \_\_\_\_\_

\*FORWARDING ADDRESS: \_\_\_\_\_

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

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*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.***