



**Request to Discontinue  
Water Service**

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_

(Final Bill or Security Deposit refund will be mailed to this address)

Contact Phone #: \_\_\_\_\_

Date service to be disconnected: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p>Date of final reading: _____</p> <p>Final reading: _____</p> <p>Meter ID #: _____</p>
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