



"Bridging the Gap between our Past and the Future"

**WATER DEPARTMENT
REQUEST FOR DISCONNECT**

DATE: ____ / ____ / ____

DISCONNECT DATE: ____ / ____ / ____

NAME: _____

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

**ALL BILLS MUST BE PAID IN FULL TO RECEIVE FULL AMOUNT OF DEPOSIT.
ACCOUNT WILL NOT BE TURNED OFF UNTIL FINAL READING IS RECEIVED
AND PROCESSED.**