REQUEST FOR TERMINATION OF WATER/SEWER SERVICES

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned utility account holder hereby requests that water/sewer service be discontinued at:

Account Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The account holder acknowledges that all water/sewer service fees are currently paid and that they are responsible for any water and/or sewer services up to and including the termination date designated above, and that fees for this service will be deducted from the Utility Deposit held by the City.. A bill for water/sewer fees that may exceed this deposit will be mailed to the following forwarding address. Any balance due the customer after water/sewer fees are deducted from the Utility Deposit, should they be less than the amount of the Utility Deposit, will be refunded to the customer by mail to the following forwarding address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Forward Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE PRINT NAME

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(OFFICE USE ONLY BELOW)

Account current? Yes \_\_\_\_ No \_\_\_\_ If **NO**, amount past due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Clerk Init: \_\_\_\_\_\_\_\_

Water shut off/meter read date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meter Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clerk Init: \_\_\_\_\_

Utility Deposit on hand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Billing Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due Customer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Due City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Bill or Refund Mailed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Payment Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Closed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Refund Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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