

SERVICE DISCONNECTION REQUEST

PLEASE PRINT ALL REQUIRED INFORMATION

Date of Request: _____

Account # _____

Name of Person Requesting Service Disconnect: _____
(As listed on contract)

Date to Disconnect/Service Stopped: _____
(Sanitation Customers: Please can(s) at curbside to be picked up)

Current Address of Service: _____

Forwarding Information

(Address where final bill/deposit refund is to be mailed, include City, State and Zip Code)

Make Check Payable To: _____

Forwarding Address: _____

Contact Phone Number: _____

I acknowledge that I have requested to have the service disconnected at the above named address and all information is correct and current.

I agree that any final billings due on this account will be paid within 30 days of this disconnection request:

Requestors Signature: _____

****REFUNDS ISSUED WITHIN 30 DAYS OF FINAL BILLING****

FOR OFFICE USE ONLY

Deposit on Account: YES/NO Amount: _____ Date Deposit Applied: _____

Work Order: YES/NO EZW Number: _____ Updated By: _____ Date: _____

WATER/SANITATION REFUND

Customer Number: _____

Check Date: _____

OVERPAYMENT REFUND

Amount: \$ _____ Check No: _____

DEPOSIT REFUND

Amount: \$ _____ Check No: _____

Notes:

Adjustments Made:

Posted:

Copies for Front Office:

RESERVED FOR A/P STAMP