

TODAY'S DATE: _____

CALL OR INFO TAKEN BY: _____

REQUEST FOR DISCONNECTION
OF WATER/SEWER SERVICE

Name of Customer: _____

Phone: _____

Name of Person Requesting Change (If different from customer):

Service Address: _____

Account No.: _____

Date to be disconnected: _____

Put back in landlord's name: Yes No

Landlord: _____

Forwarding address for final bill:

ID Provided: Yes No

Customer's Signature _____

MEMO:

Service Order Entered in System: Yes