

WATER/SEWER DISCONNECTION APPLICATION

Date _____

OFFICE USE ONLY:

Name of Applicant (first, middle, last)

DEPOSIT REFUND \$ _____

Refund Check _____

Apply to Final Bill _____

Street Address to be Shut Off

Mailing Address for Final Bill P. O. Box #

Ending Date of Service

City State Zip Code

Meter Number

Home Phone Cell Phone

Previous Reading

E-mail address

Present Reading

Order Taken By

Copy _____

Folder _____

Cards _____

Rolodex _____

Inactivate _____

Update meter Sheets _____

Computer _____

Signature of Applicant

SHUT OFF _____

READ ONLY _____