
SERVICE TERMINATION REQUEST

Customer Name: _____

Account Number: _____

Service Address: _____

Hold Deposit? Yes No

Type of Service to be terminated: WATER/SEWER GARBAGE

Date of Termination Request: _____

Desired Termination Date (min 3 business days from Date of Request: _____

Forwarding Address: _____

Customer Phone No.: _____

Customer Balance on Date of Termination Request (prior to final bill): _____

By my signature below, I hereby certify that I am requesting termination of service(s) as outlined above. I understand that:

- *Service disconnections may take up to 72 hours to complete.*
- *My deposit will be applied to my final bill.*
- *In the event my final billing results in a credit to me, such funds will be issued by check and mailed to me at the forwarding address provided above.*
- *In the event my final billing results in an amount due to the Authority, I will responsible for paying any amount due by the date specified and will be responsible for any late fees, collection charges, attorney fees, etc..*

Customer Signature & Date

Rev. April 2023

Driver's License: