



WATER SERVICE TERMINATION

OCCUPANT NAME:	
D.L. #	SOC. SEC #
MARITAL STATUS SINGLE / MARRIED	SPOUSE NAME
ADDRESS OF SERVICE	
FORWARDING ADDRESS	
I HEREBY CERTIFY I AM THE CURRENT OCCUPANT OR OWNER OF RECORD OF THE NAMED PROPERTY, AND I WOULD LIKE TO HAVE SERVICE TERMINATED AT THE ABOVE LISTED LOCATION	
OCCUPANT SIGNATURE _____	(PRINT NAME) _____
	TERMINATION DATE _____
SPECIAL INSTRUCTIONS	
BILLING DEPARTMENT ONLY	
DATE TO BE COMPLETED	OWNER / RENTER
BILLING ADDRESS	
DEPOSIT \$ CASH / CHECK #	RESIDENTIAL / COMMERCIAL
DEPOSIT ALREADY ON FILE: YES NO	AMOUNT ON FILE
ACCOUNT BALANCE	DEPOSIT APPLIED
ACCOUNT BALANCE AFTER APPLYING DEPOSIT	