



Request To Terminate Water/Sewer Service

Customer Name: _____

Account Number: _____

Service Address: _____

Effective Date of Water/Sewer Service Termination: _____

Forwarding Address:

Phone Number: _____

Email Address: _____

Landlord Name (if applicable): _____

Landlord Phone Number: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Final Read _____

Enter Read In Utility Billing Yes / No

Initials _____ Date _____