

WATER SERVICE -CLOSE OUT ACCOUNT

DATE- _____

ACCOUNT NUMBER- _____

NAME- _____

SERVICE ADDRESS- _____

CITY, STATE, ZIP- _____

FORWARDING ADDRESS FOR FINAL STATEMENT

NAME- _____

STREET ADDRESS- _____

P.O. BOX _____

CITY,STATE,ZIP- _____

PHONE NUMBER- _____

REQUESTED DATE TO CLOSE ACCOUNT- _____

(24 HOUR NOTICE REQUIRED- NO HOLIDAYS OR WEEKENDS)

Signature

PLEASE RETURN THIS FORM TO THE OFFICE OR PUT IN THE NIGHT DROP BOX

OFFICE USE ONLY

FINAL METER READING _____

DATE- _____