



Request to **DISCONNECT** Water Service

Primary Applicant Name: _____

Primary Phone: _____ Secondary Phone: _____

SSN: _____ DOB: _____

Secondary Applicant Name: _____

Primary Phone: _____ Secondary Phone: _____

SSN: _____ DOB: _____

Service Address: _____

End Date for Account (Read Meter): _____

Own: ____ or Rent: ____ Landlord Name: _____

Forwarding Address: _____

(Address/City/State/Zip)

Primary Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

FOR CITY USE:

Account Number: _____ Change Forwarding Address: _____

Transfer Deposit To: _____

ACH: _____