

REQUEST TO CLOSE WATER ACCOUNT

(NOTE: Within the City Limits, this will also end weekly garbage collection.)

Water Account Number _____

(located on your bill)

Name on Account _____

Water Service Address _____

City, State ZIP _____

Date to close account AND TURN OFF WATER: _____

Where should we send the final bill? (This form will not be considered valid if this section is left blank.)

Name _____

Mailing Address _____

City, State ZIP _____

Phone Number _____

Email Address _____

AGREEMENT

BY SIGNING THIS FORM:

I request that the water service (and garbage collection, if within the City Limits) at the address I have written at the top of this page be ended on the date I have written above;

I agree that any deposit I may have made when this account was opened will not be refunded until I have paid my final bill in full; and

I AFFIRM THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT, I ACCEPT THE TERMS OF THIS AGREEMENT, ALL OF THE INFORMATION I HAVE PROVIDED — INCLUDING THE ADDRESS TO WHICH THE FINAL BILL SHOULD BE MAILED — IS FACTUAL, AND I DO NOT HAVE ANY UNANSWERED QUESTIONS.

Signature _____

Date _____

Date of Closure: _____

Date of Refund Check: _____ Check Number: _____