



# Town of Clifton

## Sewer Service Disconnect Form

Name on Account: \_\_\_\_\_

Mailing Address	City	State	Zip Code
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Service Address	If Renting Name of Landlord
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Date Service Should Be Discontinued	Date of Morenci W & E Termination	Support Documentation Provided Y/N
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Forwarding Address for Final Bill:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that sewer service for the above property address be ceased on the said date. I understand that collection proceedings which may affect my credit rating will be initiated if any amounts are left unpaid.

\_\_\_\_\_  
Signature Date

(For Office Use Only)

Account Number: \_\_\_\_\_ Account Balance: \_\_\_\_\_

Account Closed Y/N: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Town Employee Signature