|  |  |
| --- | --- |
| DATE: |  |
| ACCOUNT NO: |  |
| DISCONTINUE DATE: |  |

|  |  |
| --- | --- |
| FORWARDING INFORMATION | |
| NAME: |  |
| ADDRESS: |  |
| CITY/STATE/ZIP CODE: |  |

|  |  |
| --- | --- |
| CONTACT INFORMATION | |
| PHONE NUMBER |  |
| EMAIL |  |

I understand that my deposit will be applied to the final charges for my water account. I also understand that I will be responsible for any

remaining balance after the deposit is applied.

If there is a credit due it will be mailed to the forwarding address.

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*Signature* *Date*

OFFICE USE ONLY

|  |  |
| --- | --- |
| FINAL READING: |  |
| READ DATE: |  |
| READ BY: |  |
| COMMENTS: | |