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# CITY OF CARTERVILLE PUBLIC WORKS

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## Request for Interrupted/Discontinued Water Service

1. Today's Date \_\_\_\_\_
2. Date and Time of Shut Off \_\_\_\_\_
3. Name \_\_\_\_\_
4. Address \_\_\_\_\_
5. Reason for Shutoff \_\_\_\_\_  
\_\_\_\_\_
6. Signature of Requestor \_\_\_\_\_
7. Signature of Collector \_\_\_\_\_

### When Service is Discontinued:

1. Meter Reading \_\_\_\_\_
2. Meter Serial Number \_\_\_\_\_
3. Deposit Amount \_\_\_\_\_
4. Final Bill(If applicable) \_\_\_\_\_
5. Refund(If applicable) \_\_\_\_\_
6. Amount still owed(If applicable) \_\_\_\_\_
7. Account Number \_\_\_\_\_

**Your Final Bill will be taken from your deposit. The remainder will be mailed to you unless no forwarding address is given.**

**Forwarding Address** \_\_\_\_\_

\_\_\_\_\_