WATER TERMINATION FORM

TODAY'S DATE: _____

CUSTOMER NAME: _____

CUSTOMER PHONE NUMBER: _____

SERVICE ADDRESS: _____

I HEREBY CERTIFY I AM THE CURRENT OCCUPANT OR OWNER OF THE ABOVE PROPERTY AND WOULD LIKE TO HAVE SERVICE TERMINATED AS OF _____ AT THIS LOCATION.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY BALANCES DUE AND WILL BE RESPONSIBLE FOR PAYMENT.

FORWARDING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

CUSTOMER SIGNATURE: _____