

## REQUEST FOR WATER SERVICE DISCONNECT

(\_Billing Only (provide name of owner/new occupant below) \_Main Valve Shut-off)

Name:	SHUT-OFF DATE:
Physical Address/Property Description:	
Home Phone:	Work Phone:
Do you know who new tenant will be? Yes No	If Yes, provide name:
OWNRENT? If Renter, Owner name &	phone?
Date: Customer Sign	