

STOP SERVICE ORDER

Date to Stop Service: _____ Acct #: _____

Property Owner Name: _____ Phone: _____

Occupant: _____ Phone: _____

Service Address: _____

Mailing Address: _____

This property has changed ownership, and a record update is required.
New Owner, if Known: _____

This property will be vacant for thirty (30) days or more.
Please stop the following services: Water/Sewer Garbage

Note: There is a \$25.00 fee for all water shut-off and turn-on services.

Comments: _____

I hereby certify that I am the property owner of the above stated address and that I have full authority to request the cancellation of service.

Customer Signature: _____ Date: _____

This Section is for Office Use Only

Work Order # _____ WM Notified: _____ Acct. Updated: _____ Initial: _____