



TERMINATED WATER SERVICE

SOLD HOME _____ TENANT _____ OTHER _____

(If tenant) LANDLORD _____ SHUT OFF _____

TODAY'S DATE: _____

DISCONNECT DATE: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

FOR OFFICE USE ONLY

PHONE: _____ EMAIL: _____ WALK-IN: _____

FINAL READING: _____

DATE ENTERED: _____