



**WATER AND SEWER DEPARTMENT
SERVICE TERMINATION FORM**

June 2021 form

Applicant please print all information below.

Date Service to be Terminated / Cut-off & Lock to be Completed: _____

Name on Account: _____
First MI Last

Service Address: _____
Street Address City State Zip

Forwarding Address: _____
Street Address City State Zip

Forwarding Telephone Number: (_____) _____

Verify Drivers License #: _____

Revert back to Owner or Management Company:

For Owners

- Owner of the property? If YES**
 - **Has the property been sold?**
 - **If NO, customer will be responsible for stormwater services until property has been sold,**
 - **If YES, New Owner's Name:** _____
Address: _____

For Renters/Leases

- **Revert back to Management Company/Owner –**
Name: _____
Address: _____

I understand that I will be responsible for paying all water, sewer, sanitation and stormwater bills generated up to the date I requested (above).

Management Companies:
Addison @ Cobblestone
Clarendon Place
Hightower Apt
Glencoe Apt
Napali Seven, LLC
Weatherly Walk

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:

Print Name: _____ Date: _____

Signature of Applicant: /s/ _____

Office Use ONLY

Phone Request Taken By: _____ Date: _____ Time: _____

Account Number: _____