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REQUEST FOR SERVICE DISCONTINUANCE

ACCOUNT NUMBER		
NAME		
PHONE		
SERVICE ADDRESS		
DATE TO TURN OFF SERVICE		
FORWARDING ADDRESS FOR REFUND OF DEPOS	SIT BALANCE	
ADDRESS		
I / WE HEREBY REQUEST THAT THE ABOVE METER BE DISCOTHAT MY DEPOSIT IS REFUNDED TO ME IF NOT DONE PREVIDENT THAT I WILL BE REQUIRED TO REAPPLY FOR SERVICE AS A NOTISTRICT'S RATE ORDER IN EFFECT AT THAT TIME. NOTICE: CHARGES FOR SERVICE TO THIS ACCOUNT WILL TE SERVICE WILL BE DISCONNECTED WITHIN 36 HOURS OF THE FROM YOUR DEPOSIT AND THE BALANCE MAILED WITHIN 35	TIOUSLY. TO REINSTATE SERVICE AT THIS ADDRESS, IN IEW CUSTOMER AND PAY THE ASSOCIATED FEES AS ERMINATE ON THE DATE SERVICE IS DISCONNECTED ERECEIPT OF REQUEST. UNPAID SERVICE CHARGES	ACKNOWLEDGE STATED IN THE BY THE DISTRICT.
PRINTED AUTHORIZED NAME	AUTHORIZED SIGNATURE	
	DATE	
RECEIVED BY THE DISTRICTDATE		
ВУ		