



WATER AND SEWER DEPARTMENT  
**SERVICE TERMINATION FORM**

March 2018 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 SS# or 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
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**I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Office Use ONLY

Phone Request Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Account Number: \_\_\_\_\_