

MARSHALL COUNTY BOARD OF PUBLIC UTILITIES

DISCONNECTION OF WATER SERVICE

DATE: ____/____/____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE CUSTOMER WANTS SERVICE CLOSED OR CUT OFF: ____/____/____

NEW/FORWARDING ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE OR CELL PHONE #: _____

WALK IN: MAIL: FAX: PER NEW OWNER:

CUSTOMER SIGNATURE: _____

(SIGNATURE REQUIRED TO CLOSE ACCOUNT)

FOR OFFICE USE ONLY

ACCOUNT #: _____ WORK ORDER #: _____

METER#: _____

DEPOSIT ON ACCOUNT: YES ___ NO ___ IF YES DATE OF DEPOSIT: _____

MONTH	READING