New Ellenton Commission of Public Works

Request to Discontinue Water Service

Account Name: _____

Service Address: _____

_____

Forwarding Address: _____

_____

(Final Bill or Security Deposit refund will be mailed to this address)

Contact Phone #: _____

Date service to be disconnected: _____

Signature: _____ Date: _____

***Email completed form to clowe@newellentoncpw.com

FOR OFFICE USE ONLY

Date of final reading: _____

Final reading: _____

Meter ID #: _____

Mailing address: Commission of Public Works P.O. Box 490 New Ellenton, SC 29809
Physical address: 100 South Main Street New Ellenton, SC 29809