



**Request to Discontinue
Water Service**

Date: _____

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: _____

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

<p><u>FOR OFFICE USE ONLY</u></p> <p>Date of final reading: _____</p> <p>Final reading: _____</p> <p>Meter ID #: _____</p>
