

**ADVANCE ORDER FOR DISCONNECTION
OF WATER/SEWER UTILITIES**



IMPORTANT: All orders for disconnect must be in our office two (2) days in advance before noon

SHUT OFF DATE: _____

UTILITY ACCOUNT #: _____

SERVICE ADDRESS: _____

I was the **OWNER** or **TENANT** at the service address. (Check one box)

If property was sold, please give the following information:

Closing Date: _____

Name of new owners: _____

Name of Real Estate Agent(s): _____

Phone: (_____) _____

Name of Title Company: _____

Phone: (_____) _____

Name that currently appears on this account: _____

Home/Cell Phone Number: (_____) _____

Work Phone Number: (_____) _____

**Forwarding address for
Final billing:**

_____ Street

_____ City State Zip

Account Holder's Signature: _____ Date