

Fort Mitchell Water System
PO BOX 149
Fort Mitchell, AL 36856
334-855-4703 Office 334-855-2459 Fax

REQUEST TO TERMINATE SERVICES:

Date: _____

Requested Day of Cut off: _____

Name on Account:

Service Address:

Renter: _____

Owner: _____

Hold Deposit?(For future service)
(Owner's Only) Y or N

Forwarding address for final billing: **(REQUIRED)**

I hereby request for the above address to be disconnected. I understand that after a final reading has been taken, I will receive a water bill for the usage since my last billing to the cutoff date I requested. I further understand that I am responsible for this bill and agree to pay this bill in full upon receipt.

Signature: _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER_____

ROUTE NUMBER_____

WORK ORDER_____