

# City of Jasper Water and Sewer Department



---

## DISCONTINUE SERVICE FOR WATER AND SEWER

I Would Like to Stop My Service on Account Number: \_\_\_\_\_

Discontinue Service Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

A FINAL BILL WILL BE PROCESSED FOR USAGE UP UNTIL THE DATE OF TERMINATION.

Our office will keep this form as proof of your request to discontinue service. Please have a copy of your driver's license with you or attached with this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Completed by:</b> _____	<b>Date:</b> _____
<b>Final Date:</b> _____	<b>Refund Amount:</b> _____	<b>Imaged:</b> _____