

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 _____