

HILLSVILLE WATER AND WASTEWATER SYSTEMS

APPLICATION FOR UTILITY TERMINATION

This is to certify that I would like water and/or sewer service to be terminated at _____ on _____
(street address)
(date)

I understand that if there is a security deposit currently shown on this account, it will be applied to the balance owed, and I will receive either a refund check or an invoice in the mail showing the amount still owed on this account.

If there is no security deposit shown on this account, I understand that I will receive a final bill in the mail following the date of termination.

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

FORWARDING ADDRESS: _____

NEW PHONE NUMBER (IF KNOWN): _____

(Customer Signature)

(Date)

PLEASE EMAIL COMPLETED FORM TO
utilbill@townofhillsville.com