

City of Hurricane
Water & Sewer Departments
- Customer Disconnect Request -

Please Print

Date: _____ Account Number: _____

Section I: Present Service Information:

Customer Account Name:

X

Service Address:

Phone Number:

Turn Off Date:

Section II: Forwarding Customer Information:

Forwarding Address:

Phone Number:

Customer Signature:

Meter Number _____ Last Reading _____ Current Reading _____