



For Office Use Only

UB _____ SO _____

RT Meter # _____

Work Order # _____

P.O. Box 727 · Smiths Station · AL · 36877
334-298-6342 · Fax 334-298-6412
info@smithswater.com · www.smithswater.com

REQUEST FOR FINAL

DATE: _____ **REQUESTED DATE FOR CUT-OFF:** _____

ACCOUNT NAME: _____ **ACCOUNT NO:** _____

SERVICE ADDRESS: _____

TELEPHONE NO.: _____

FORWARDING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

I hereby request that water service for the above account be disconnected. I acknowledge that it may take up to 3 business days to obtain a final meter reading and close my account. I understand that after a final meter reading has been taken, I will receive a bill for water registered through the meter since my last billing. I understand that I am responsible for this bill and agree to pay this bill in full upon receipt.

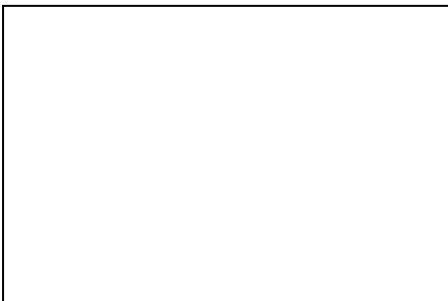
CUSTOMER SIGNATURE: _____

WITNESS/NOTARY SIGNATURE: _____

NOTARY COMMISSION EXPIRES: _____

STATE OF: _____

COUNTY OF: _____



Note: If this form is faxed to the office, it must be notarized with a visible seal when returned in order to be processed. Please all 1 to 3 business days for this request to be processed.

OFFICE USE ONLY:

EMPLOYEE INITIALS: _____

DATE: _____