

WATER/SEWER SERVICE DISCONNECTION REQUEST

Please note only the person responsible for the monthly bill can request service disconnection.

DISCONNECTION IS FOR (CHECK ONE): BUSINESS___ RESIDENTIAL ___

NAME OR BUSINESS NAME ON ACCOUNT _____

EIN NUMBER (If applicable) _____

ADDRESS FOR DISCONNECT _____

CITY: _____ STATE _____ ZIP CODE: _____

MAILING ADDRESS (If different from above) _____

CITY: _____ STATE _____ ZIP CODE: _____

EMAIL ADDRESS _____

HCDC CUSTOMER ACCOUNT NUMBER _____

DATE FOR SERVICE TO BE DISCONNECTED _____

Please include a copy of your driver's license.

- I understand that the water and sewer services will be disconnected on the above requested date.
- I understand that shall I want water and sewer services in the future with HARRISON COUNTY DEVELOPMENT COMMISSION I will be treated as a new customer and will be responsible for any new service application costs/fees.
- I understand that the ending balance on this account will be due and payable within 15 days of the requested disconnect date.
- I understand that if there is a credit balance on this account, I will receive a refund check from HARRISON COUNTY DEVELOPMENT COMMISSION that will be mailed to the address on this request within 15 days of the requested disconnect date.

Signature

Title

Date