

CITY OF REEDS SPRING
PO Box 171 Reeds Spring MO 65737
417-272-3309 www.reedsspring.org

REQUEST FOR TERMINATION OF WATER/SEWER SERVICES

Today's Date: _____

The undersigned utility account holder hereby requests that water/sewer service be discontinued at

Account Address: _____

Termination Date: _____ Account #: _____

The account holder acknowledges that all water/sewer service fees are currently paid and that they are responsible for any water and/or sewer services up to and including the termination date designated above, and that fees for this service will be deducted from the Utility Deposit held by the City. A bill for water/sewer fees that may exceed this deposit will be mailed to the following forwarding address. Any balance due the customer after water/sewer fees are deducted from the Utility Deposit, should they be less than the amount of the Utility Deposit, will be refunded to the customer by mail to the following forwarding address:

I hereby acknowledge and agree to the above:

Customer Signature

Customer Printed Name

FOR INTERNAL USE ONLY BELOW THIS LINE

Account current? **Y N** If **NO**, amount past due: \$_____ Clerk Init: _____

Water shut off by: _____ Date: _____ Reading: _____
City Employee Signature

Utility Deposit on hand: _____ Final Billing Amount: _____

Amount Due Customer: _____ Amount Due City: _____

Final Bill or Refund Notice Mailed: _____ Final Pmt Rec'd or Refund Mailed: _____

Account Reconciled and Closed: _____

Clerk Signature: _____

Date: _____