|  |  |  |
| --- | --- | --- |
| ***Items with \*\* required.*** |  |  |
| Name on account\*\* |   |  |
| Account number from water statement\*\* |  |  |
| Service Address \*\* |   |  |
|  |   |  |
| Current Mailing Address (if different)\*\* |   |  |
|  |   |  |
| Address to where final deposit should be mailed\*\* |   |  |
|  |   |  |
| Best phone number and type\*\* |   |  |
| Email\*\* If no email available, enter noemail@noemail.com |   |  |
| Date when water service should be disconnected\*\* |  |  |
| Printed name of person requesting disconnection\*\* |  |  |
| Signature of person requesting disconnection.\*\* (If form is being completed electronically, type name and note electronically signed) |  |  |
|  |  |  |
| By signing, I am requesting a cessation of water service from the City of Molena. I understand that **all outstanding balances including the amount due for the final reading and any damage to my meter** will be subtracted from any recorded deposit before any refunds are authorized. **I agree to pay any outstanding balances due within 30 days of presentation of a final bill** in order to avoid any possible collection activity. If there is an outstanding balance at the time of cutoff request, I may request a workout agreement if I have difficulty paying my bill, however, City of Molena is under no obligation to agree to such an arrangement. | (Initial)\*\* |
|  | \*Below this line for administrative use only |  |
| Date request received |  |  |
| Format in which request was received |  |  |
| Final meter reading |   |  |
| Recorded amount of initial deposit |   |
| Date meter lock installed |   |  |
| Signature: |   |   |

Notes: