UTILITY STOP SERVICE APPLICATION

WATERFORD AND HICKMAN



Please Note: The stop service process must be completed before 12:00 p.m.to have service turned off the same day.

TODAY'S DATE	ACCOUNT #	UTILITIES	
		☐ WATER ☐ SEWER	
APPLICANT FULL NAME		*REQUIRED	
		☐ OWNER ☐ RENTER	
STOP SERVICE ADDRESS		CITY OF SERVICE	
		□ WATERFORD □ HICK	MAN
FORWARDING ADDRESS (FINAL BILL WIL	L BE MAILED HERE)		
STOP SERVICE DATE (MONDAY – FRIDAY	ONLY) STOP SERVICE REA	ASON	
ACCOUNT CLOSED BY		DATE OF BIRTH (MMDD	YR)
☐ ACCOUNT HOLDER ☐ OTHER			
PHONE NUMBER	EMAIL ADDRESS		
OWNER / LANDLORD INFORMATION IF	APPLICANT IS RENTER / T	ENANT	
OWNER / LANDLORD FULL NAME		PHONE NUMBER	
MAILING ADDRESS			
*** CITY OF WATERFORD USE ONLY ***			
WATER SERVICE REQUEST -		N/	
With derivide Regolds	☐ OFF ☐ READ ONL	Υ	