

Town of Pink Hill Request for Utility Service Disconnection

I, _____, hereby request that the
water/sewer service at (current address) _____
be disconnected on _____, 20_____.
(Month) (Day) (Year)

My forwarding address is:

I can be contacted at:

(____) _____ (____) _____
Home Number Cell Number

PLEASE CHECK ONE OF THE OPTIONS BELOW:

Apply my deposit toward the final balance on my account and mail the balance of the deposit (if any) to the above forwarding address. I am aware that I am responsible for any unpaid balance remaining on my account after the deposit is applied and that any unpaid balance is subject for collection.

Leave deposit on file

**Note: Due to billing cycle dates and accounts payable processing times,
your deposit refund (if any) may take up to 30 business days from
your final bill date to process.**

Signature: _____ Date _____

FOR OFFICE USE ONLY:

Account Number # _____ Form of ID Verified _____ Driver License _____ Applicant Known to Town
Employees

Disconnection Date ____/____/____ Final Bill Date ____/____/____

Refund Issued (if any): \$ _____ Balance Due: \$ _____

Employee Signature _____

Date: ____/____/____

(Employee signature indicates all information has been properly verified)