TURN OFF REQUEST
CITY OF SILSBEE WATER & SEWER SERVICES

DISCONTINUE SERVICE FOR WATER & SEWER

I WOULD LIKE TO STOP MY SERVICE ON ACCOUNT NUMBER: _____

DISCONTINUE SERVICE DATE: _____

NAME ON ACCOUNT: _____

ADDRESS: _____ PHONE#: _____

EMAIL ADDRESS: _____

FORWARDING ADDRESS: _____

DRIVER LICENSE NUMBER: _____ STATE: _____ DATE OF BIRTH: _____
(RETRIEVE COPY)

A FINAL BILL WILL BE PROCESSED FOR USAGE UP UNTIL THE DATE OF TERMINATION

OUR OFFICE WILL KEEP THIS FORM AS PROOF OF YOUR REQUEST TO DISCONTINUE SERVICE. PLEASE HAVE A COPY OF YOUR DRIVER'S LICENSE AND OR STATE ISSUED ID WITH YOU OR ATTACHED WITH THIS FORM; SHOULD YOU OR YOUR COMPANY BE OUT OF STATE YOU WILL BE ALLOWED TO EMAIL THE FORM ALONG WITH YOUR DRIVER'S LICENSE OR STATE ISSUED ID/W-9 TO THE FOLLOWING EMAILS:

SENIKA@CITYOFSILSBEE.COM **AND** MICHELLE@CITYOFSILSBEE.COM

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

FINAL DATE: _____ **COMPLETED BY:** _____

WO#: _____ **DATE REC'D EMAIL:** _____**/ATTACH**