

OSCEOLA WATER WORKS
DISCONNECTION OF WATER SERVICE

DATE: _____

SERVICE REQUEST DATE: _____

Landlord Information:

LANDLORD NAME: _____ PHONE: _____

LANDLORD ADDRESS: _____

Billing Information

PLEASE PRINT FULL NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CONTACT TELEPHONE NUMBER: _____

SOCIAL SECURITY # OR FEDERAL TAX ID #: _____

E-MAIL MY UTILITY BILL TO ME INSTEAD OF REGULAR MAILING: YES NO

E-MAIL ADDRESS: _____

SIGNATURE OF ACCOUNT HOLDER: _____

FORWARDING ADDRESS: _____

FOR OFFICE USE ONLY:

READING: _____

DEPOSIT: \$ _____

METER ID: _____

DEPOSIT DATE: _____

Account #: _____

RECEIPT #: _____