



DISCONNECTION REQUEST
TOWN OF MOREHEAD WATER DEPARTMENT
(PLEASE PRINT)

I, _____, hereby request disconnection of utility services effective
(Print name)

_____, 20____. I understand that my account deposit (not the nonrefundable service fee) will be applied to any balance owing and I will be refunded the remainder of said deposit, if any.

(Signature) (Date)

Current Service Address _____
Utility Account Number _____
Last four digits of social security number _____

Forwarding Address _____
(Street)

(City) (State) (Zip)

(Daytime phone)

All fields must be filled out in order to process the request.

This institution is an equal opportunity provider/employer.