

## Termination of Water / Sewer Service

The undersigned requests service to be terminated as indicated:

**PLEASE PRINT**

1. Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

2. Service Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Account Number: \_\_\_\_\_  
Optional

4. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Turn Off Date: \_\_\_\_\_ (Note: Two business days required.)  
(m/d/y)

6. Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

7. SurePay Customer:  Keep active for final bill OR  Cancel SurePay

8. Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(m/d/y)

Print Name: \_\_\_\_\_

PLEASE MAIL OR FAX YOUR FORM TO: 12725 W. Indian School Rd. Ste. D101  
Avondale, AZ 85392  
Fax: 623-935-1020

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**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

WORK ORDER: \_\_\_\_\_

CONFIRMATION #: \_\_\_\_\_

LW EMPLOYEE: \_\_\_\_\_