



Request to Stop Water Service

Full Name: _____ Date: _____
Last First M.I.

Service Address: _____
Street Address Apartment/Unit #

Forwarding Address: _____
Street Address City State Zip Code Apartment/Unit #

Phone: _____ Last four of Social Security Number: _____

Service Stop Date: _____ Customer Number: _____ Location Number: _____
For Office Use For Office Use

Customer Type: Owner Property Manager Tenant Construction Contractor

Landlord/Property Manager Name: _____ Landlord/Property Manger Phone: _____

To take service out of your name, submit this service request at least two (2) business days in advanced. If you're currently a Leavenworth Waterworks customer and moving within the Leavenworth Waterworks service area, please complete a *Transfer Service* request instead.

PLEASE DISCONTINUE WATER SERVICE TO THE ADDRESS AS INDICATED. I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE LEAVENWORTH WATERWORKS.

CUSTOMER SIGNATURE

DATE