

WEST LAUDERDALE WATER AUTHORITY
3353 County Road 200*Florence, Alabama 35633*256-766-8787
DISCONNECT REQUEST

*Date for disconnect must be a business day in the future. Service cannot be disconnected on the same day the form is completed.

TODAY'S DATE _____ REQUESTED DISCONNECT DATE _____

NAME _____ SSN# _____

ACCOUNT #: _____

SERVICE (PHYSICAL) ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (for final bill/refund) _____

CITY _____ STATE _____ ZIP _____

PHONE Home _____
 Work _____
 Cell _____

EMAIL _____

REASON FOR DISCONNECT OF SERVICE / COMMENTS/ QUESTIONS:

I am responsible for all service furnished by West Lauderdale Water up until disconnection date. If I fail to pay any remaining balance, I understand that this balance will be subtracted from any deposit refund if applicable. Any remaining amount will be paid within 15 days. I acknowledge that all water service guidelines may be found on our web site or at the water department office.

SIGNATURE _____

<p>FOR OFFICE USE ONLY:</p> <p>W/O # _____</p> <p>Disconnection Date _____</p> <p>Refund Applied to Bal. _____</p> <p>Refund Check# _____</p> <p>Refund Amount _____</p> <p>Mail Date _____</p> <p>Office Personnel I.D. _____</p>
