

**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 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

W/O # \_\_\_\_\_

Disconnection Date \_\_\_\_\_

Refund Applied to Bal. \_\_\_\_\_

Refund Check# \_\_\_\_\_

Refund Amount \_\_\_\_\_

Mail Date \_\_\_\_\_

Office Personnel I.D. \_\_\_\_\_