

WATER CUT OFF REQUEST

I, _____, request that the water service at

be terminated on _____.

Forwarding address: _____

Phone: _____

Date

Customer Signature

**Please be advised that the containers for garbage and recycling are issued to the address and are property of the Town of Aberdeen. The containers must be present and accounted for when the final meter reading is done or your final bill will include a replacement fee for the missing containers.

-----FOR DEPARTMENT USE ONLY-----

Account # _____ W/O# _____
Container #: G _____ R _____