

**City of Forks**  
**Request for Termination of Water Service**

I, the undersigned, agree to pay any closing balance that is left owing after I terminate water service with the City of Forks. If any bills associated with the account are not paid within sixty (60) days of closing, they will be assigned to a collection agency. If a customer is transferring service from one residence to another, any previous balance owed and the final closing bill will be transferred to the new account.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I, the above signed, do hereby request that my water service be terminated at**

\_\_\_\_\_, **effective** \_\_\_\_\_

**Closing account #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

(For office use only)

METER # \_\_\_\_\_

TRANSFER ACCOUNT # \_\_\_\_\_

PREVIOUS METER READING \_\_\_\_\_

CLOSING METER READING \_\_\_\_\_

CONSUMPTION \_\_\_\_\_ CU. FT.

CURRENT BALANCE \$ \_\_\_\_\_

CLOSING BILL \$ \_\_\_\_\_

WATER \_\_\_\_\_

TOTAL OWING \$ \_\_\_\_\_

SEWER \_\_\_\_\_

TAX \_\_\_\_\_

( ) COMPUTER DATE ENTERED \_\_\_\_\_

( ) BILL SENT DATE SENT \_\_\_\_\_

( ) PAID DATE \_\_\_\_\_

INITIALS \_\_\_\_\_