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 _____
