Warm Springs Public Service District

Request to Discontinue Service

Discontinue Sewer Service

Name on Account: ____

Property Location: ____

Date to Discontinue: ____________________ *Account #* ______________

Mailing Address for Final Bill: ____________________________________

____

Phone Number: ____

Signature: ______________________________ *Date:* ________________

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

OFFICE USE:

ENTER DISCONTINUE DATE ON: ( ) M

BY: ___________ *DATE:* ___________