



TEL: 256-233-6444 FAX: 256-233-6475 PO Box 110 17218 Highway 72 West Athens, Alabama 35612

www.limestonecountywater.com

REQUEST FOR DISCONNECTION OF SERVICE

Today's Date _____ Date of Disconnect _____

Name (as appears on bill) _____

Address of Service for Disconnect _____

Customer # _____

Forwarding Address for Final Bill _____

City _____ State _____ Zip _____

Driver's License Number of Account Holder _____

Social Security Number of Account Holder _____

By signing below, the customer understands there will be a final bill generated which is for service from the last billing to the date of disconnection of service.

LCWSA reserves the right to turn over any unpaid past due balance to a collection agency. If the balance is not paid to the agency or to LCWSA, this balance will be reflected on your credit report.

The connection fee paid at the time of your request for service was a non-refundable fee.

Signature _____

***Please include a copy of your Driver's License or picture ID