

CID#:_____ ACCOUNT#:_____ CYCLE#:_____

REQUEST TO CANCEL SERVICE

(WATER WILL BE CUT OFF AND GARBAGE CAN BE PICKED UP ON THE CANCELLATION DATE LISTED BELOW)

ENTERPRISE WATER WORKS

PO Box 311000, ENTERPRISE, AL 36331-1000

PHONE: 334-347-1211 FAX: 334-348-2613

www.cityofenterprise.net

SERVICE(S) TO CANCEL: ALL SERVICES_____ GARBAGE / LANDFILL ONLY_____

Requested Cancellation

Date::_____

Name:_____

(as it is shown on the account)

Service Address to

Cancel:_____

Customer SSN#:_____ DOB:_____

Driver's License Number _____ State of: _____ Expiration: _____

Email Address: _____

Contact Telephone #: Home _____ Work _____ Cell _____

Reason for Request: _____

Forwarding Address if applicable (required to process request)*:_____

"A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED"

*Please Note: We bill a month behind so you will receive a final bill. It may be up to 30 days after the service is discontinued.

We **DO NOT** debit your account for the final bill. If applicable, please **remove** the auto debit from this account. _____

Customer Signature

Date Requested

1/16/2014 12:31 PM

(For Office Use Only) Processed by:_____ Date:_____

(For Office Use Only) Work Order/Ref#:_____