

Fort Mitchell Water System  
PO BOX 149  
Fort Mitchell, AL 36856  
334-855-4703 Office 334-855-2459 Fax

**REQUEST TO TERMINATE SERVICES:**

Date: \_\_\_\_\_

Requested Day of Cut off: \_\_\_\_\_

Name on Account:  
\_\_\_\_\_

Service Address:  
\_\_\_\_\_

Renter: \_\_\_\_\_

Property Manager \_\_\_\_\_ Hold Deposit ? (For future service) Y or N

Owner: \_\_\_\_\_ **HOME SOLD** Y or N Hold Deposit (For future service) Y or N

**Forwarding address for final billing: (REQUIRED for Final Billing)**

\_\_\_\_\_  
\_\_\_\_\_  
**Contact phone number** \_\_\_\_\_

**I hereby request for the above address to be disconnected. I understand that after a final reading has been taken, I will receive a water bill for the usage since my last billing to the cutoff date I requested. I further understand that I am responsible for this bill and agree to pay this bill in full upon receipt.**

Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

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ACCOUNT NUMBER \_\_\_\_\_ ROUTE NUMBER \_\_\_\_\_ WORK ORDER \_\_\_\_\_