



WATER DISCONNECT

I _____, wish to have my water service disconnected on
(name of tenant or owner)

_____ at _____. I
(month, day, year) (service address)

understand that The City of Porterdale will have to do a final reading, which will
determine the amount of my bill or refund. My bill / refund should be sent to the
following address _____.

Signature of Tenant or Owner

Signature of Co-Tenant or Co-Owner