

Town of Montverde Water Disconnect Request

Date Requested _____

Account # _____

Ending Meter Reading _____

Name _____

Current Street Address _____

Forwarding Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Your deposit will be refunded/credited to your final bill. Deposits can only be refunded to the applicant. For termination of service, notice must be given in writing or in person. Your request will be processed and a \$35.00 cut-off fee will be applied.

Requestor's Signature

Date