

**WEIRTON AREA WATER BOARD**  
**DISCONTINUANCE OF SERVICE**

Account # \_\_\_\_\_

Date \_\_\_\_\_

Name service is under: \_\_\_\_\_

Service address: \_\_\_\_\_

Moving where - street, city, & state: \_\_\_\_\_

Send final bill to: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date service will be discontinued: \_\_\_\_\_

Operator's license (make copy of license): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name of relative not living with you: \_\_\_\_\_

Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_ How long: \_\_\_\_\_

I agree to pay any water, sewer, and refuse bills and damage bills for the water meter located on this premises until canceled. I will maintain access to all meters and service connections/disconnections for meter readings and maintenance. I also agree to pay in full all previous balances on billings due to water, sewer, and refuse departments. Neglect or refusal for the above shall be cause for full payment of final estimations. I authorize the water, sewer, and refuse services to be disconnected at this address, and I agree to pay for all services until canceled at my request.

I further understand that falsification of the information on this application will result in prosecution or termination of services at new location.

Customer signature: \_\_\_\_\_

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