

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: _____