

Account Closed on: _____ By: _____ Deposit Refund? Y N How Much? \$ _____



City of Pevely
Close Account Form
Please print clearly and legibly

Date Notified: _____ How Notified (circle one): Phone In Person Other
Address: _____ Account Number: _____
Name: _____ Phone Number: _____
Date of Service Shutoff: _____

Forwarding Address for Final Bill and Deposit Refund

Name: _____ Street: _____
City: _____ State: _____ Zip: _____

By signing below, you are authorizing the City to shut off the water and close the account associated with the address above. You also are acknowledging that you are responsible for any outstanding fees and charges associated to the account and address above.

Resident Signature

Date

Office Use Only

Shut Off Date: _____ Work Order Sent Date: _____ By: _____ Read: _____