

DISCONNECTION REQUEST  
TOWN OF MOREHEAD WATER DEPARTMENT  
(PLEASE PRINT)

I, \_\_\_\_\_, hereby request disconnection of utility services effective  
(Print name)

\_\_\_\_\_, 20\_\_\_\_. I understand that my account deposit (not the nonrefundable service fee) will be applied to any balance owing and I will be refunded the remainder of said deposit, if any.

\_\_\_\_\_  
(Signature) (Date)

Current Service Address \_\_\_\_\_  
Utility Account Number \_\_\_\_\_  
Last four digits of social security number \_\_\_\_\_

Forwarding Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)  
\_\_\_\_\_  
(Daytime phone)

**All fields must be filled out in order to process the request.**

This institution is an equal opportunity provider/employer.