

# Bi-County Water Supply Corporation

## Discontinue Service Request

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Account Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Service to be discontinued: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Office Use Only

Work order number: \_\_\_\_\_