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## Request to Disconnect Water Service

Name: \_\_\_\_\_ Owner  Tenant

Change of Ownership Date: \_\_\_\_\_

**(JBWD will verify date with County records. You will be responsible for inactive charges up to the County recording dates). A copy of the Closing Disclosure is required for change of ownership disconnect requests.**

Last four Social Security Numbers: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

All Occupants are Vacating Property: Yes  No

Date of Disconnection: \_\_\_\_\_

**Please allow up to two business days for disconnection.**

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

### For Office Use Only:

Service Order No: \_\_\_\_\_

Processed By: \_\_\_\_\_

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