

WEST LAUDERDALE WATER AUTHORITY
3353 County Road 200*Florence, Alabama 35633*256-766-8787
DISCONNECT REQUEST

*Date for disconnect must be a business day in the future. Service cannot be disconnected on the same day the form is completed.

TODAY'S DATE _____ REQUESTED DISCONNECT DATE _____

NAME _____ SSN# _____

ACCOUNT #: _____

SERVICE (PHYSICAL) ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (for final bill/refund) _____

CITY _____ STATE _____ ZIP _____

PHONE Home _____
 Work _____
 Cell _____

EMAIL _____

REASON FOR DISCONNECT OF SERVICE / COMMENTS/ QUESTIONS:

I am responsible for all service furnished by West Lauderdale Water up until disconnection date. If I fail to pay any remaining balance, I understand that this balance will be subtracted from any deposit refund if applicable. Any remaining amount will be paid within 15 days. I acknowledge that all water service guidelines may be found on our web site or at the water department office.

SIGNATURE _____

FOR OFFICE USE ONLY:

W/O # _____
Disconnection Date _____
Refund Applied to Bal. _____
Refund Check# _____
Refund Amount _____
Mail Date _____
Office Personnel I.D. _____