

CARO WATER SUPPLY CORPORATION
REQUEST FOR SERVICE DISCONNECTION

(Please complete form entirely and submit to Caro Water Supply Corporation.)

I hereby request that the water service be disconnected at _____

Name on the Account _____ Acct # _____

Service Address _____

Phone number# _____

After applying my deposit, if any, to the final balance, please forward my refund check to the following address:

Mailing address _____

City _____

State _____

Zip Code _____

Please read carefully before signing

I authorize Caro Water Supply Corporation to disconnect services at the address shown above.
I understand the final bill must be paid in full before any disconnection will be done.

Signature _____ Date _____