CITY OF BLUE RIDGE WATER DEPARTMENT

REQUEST SERVICE CANCELLATION

I,	, request that on
water service be cut off and a meter deposit will be applied	final reading be taken for my final bill. The
the deposit will be sent to you final payment exceeds the am	exceed the deposit amount, the remainder from a by the end of the month of your final bill. If sount of the deposit, the amount over will em and this remaining amount will need to be
Customer Account Number:_	
Physical Address of Cut Off:	
Forwarding Address for Final	Billing and Refunds if Necessary:
New or Current Phone Numb	er:
X	
Signature	Date
X	
Signature	Date