Last updated: July 31, 2023

Please return form to customerservice@townofcarthage.org

Date Requested:	Date Service	e to be Disconnected	:
Account Number:			
Name(s) on Account		Service Address of Account to be Disconnected	
Forwarding Address for Final Bill		Is the Account to be Disconnected a	
		□ Rental Residen	ce □ Business □ Primary Home
Are you the property owner or tenant?	Your Email Address		Your Phone Number
☐ Property Owner ☐ Tenant			
Property Owner's Name (if different)	Property Owner's Ema	ail Address (if different)	Property Owner's Phone Number (if different)
THERE WILL BE NO SAME-DAY DISCOND NEXT BUSINESS DAY FROM RECEIPT OF L	DISCONNECTION I	REQUEST.	
Please read the following carefully and	d provide appropi	riate information as	required:
Do you wish to have the account canceled or simply have the water turned off temporarily?			
Closing the account will mean that and proof of residency (real estat			a new application must be completed nt/lease) will be required.
	narged for any wate sapplicable: ter wer		ut the water will be turned off at the option will also still be billed for the
☐ Close Account	⊒ Turn Water Off	Temporarily	
By signing this request for disconnection, you agree to be responsible for the final b			to make changes to this account and
Printed Name			Signature
			Date