

CITY OF BLUE RIDGE
WATER DEPARTMENT

REQUEST SERVICE CANCELLATION

I, _____, request that on _____
water service be cut off and a final reading be taken for my final bill. The
meter deposit will be applied to the account balance.

If the final payment does not exceed the deposit amount, the remainder from
the deposit will be sent to you by the end of the month of your final bill. If
final payment exceeds the amount of the deposit, the amount over will
remain on our computer system and this remaining amount will need to be
paid.

Customer Account Number: _____

Physical Address of Cut Off: _____

Forwarding Address for Final Billing and Refunds if Necessary:

New or Current Phone Number: _____

X _____
Signature Date

X _____
Signature Date