



# Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

## Request to Discontinue Water/Sewer Service

Date: \_\_\_\_\_

Service End Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Your deposit will be credited to your last water/sewer bill. If there is a refund, it will be issued within thirty (30) days.

\_\_\_\_\_  
Customer Signature

### FOR OFFICE USE ONLY

Date work order submitted: \_\_\_\_\_

Final reading: \_\_\_\_\_

Date account finalized: \_\_\_\_\_ Deposit Applied: \$ \_\_\_\_\_ or None on Account

Date final bill mailed: \_\_\_\_\_

Refund amount due: \$ \_\_\_\_\_ ; Date refund requested: \_\_\_\_\_

OR

Balance due on account: \$ \_\_\_\_\_

Notes: \_\_\_\_\_