



**LAKE JUNALUSKA ASSEMBLY PUBLIC WORKS
DISCONTINUANCE OF SERVICE REQUEST**

ACCOUNT HOLDER NAME:					
ACCOUNT #:		EFFECTIVE DATE:			
SERVICE ADDRESS:					
FORWARDING ADDRESS:					
CITY:		STATE:		ZIP:	
CONTACT PHONE #:			EMAIL:		
DRIVERS LICENSE #:			OTHER ID:		

IF RENTING, OWNER / PROPERTY MANAGER'S INFORMATION:

OWNER/PROPERTY MANAGER NAME:				PHONE #:	
OWNER/PROPERTY MANAGER ADDRESS:					
CITY:		STATE:		ZIP:	

Customer wishes to discontinue service to the above listed address on the effective date provided. Customer understands that a final meter reading will be taken within two business days of the cut-off date, and a final bill prepared at the end of the final month of residency. Final bill and refund check for any remaining deposit funds will be sent to the forwarding address supplied. Requests must be made two business days prior to the date of discontinuance. There will be no abatement of charges, in whole or in part, by reason of the customer having moved away from the property unless Assembly Public Works has been notified to turn off water service.

Account Holder Signature:		Date:	
LJA PW Approval:		Date:	

SERVICE & CUSTOMER ACCOUNT INFORMATION (To be completed by LJA Public Works staff)

FEES & CHARGES	
UNPAID BALANCE:	
FINAL CHARGES:	
DEPOSIT:	
TOTAL DUE:	
TOTAL REFUND:	

WORK FLOW			
Date request received		Initials	
Date final reading taken		Initials	
Date of Account cut-off		Initials	
Date of refund request		Initials	

ACCT NAME: _____ SERVICE ADD: _____ TURN OFF DATE: _____ METER READING: _____ REFUND SENT: _____