

# GLADEVILLE UTILITY DISTRICT

## Request to Disconnect Water Service

**Important: Requests require 24-hour notice.**

Disconnections are completed Monday-Friday during normal business hours. Email completed form to: [contracts@gladevilleutility.com](mailto:contracts@gladevilleutility.com)

### ACCOUNT INFORMATION

Date:

Account Number:

Name(s) on Account:

Phone Number:

Email Address:

### SERVICE LOCATION

Service Address:

City, State, ZIP:

Account Holder Status:  Owner  Tenant

### DISCONNECTION REQUEST

Requested Disconnect Date:

Service will be disconnected between 8:00 a.m. and 4:30 p.m. on the requested date.

### FORWARDING ADDRESS FOR FINAL BILL

Street Address:

City, State, ZIP:

### CUSTOMER CERTIFICATION

I request that Gladeville Utility District discontinue water service at the service address listed above.

I understand that I remain responsible for all charges incurred through the date service is disconnected.

Customer Signature:

Date:

Co-Applicant Signature:

Date:

### REQUIRED DOCUMENTS

Photo ID for all account holders is required.

Please attach a valid government-issued photo ID for each person listed on the account.