

Approved

Service Disconnect Request

On behalf of the whole team, thanks so much for being a part of the **DATE OF REQUEST** Pattison Water Supply Community. We hope to see you again soon. PERSONAL INFORMATION Account #: Full Name: Phone #: E-Mail: Service Address: Forwarding Address: City: State: Zip Code: **REQUESTED DISCONNECT DATE Member Name Signature OFFICE USE** Final Reading: Final Bill: **RVS Work** order#:

THANK YOU FOR YOUR MEMBERSHIP