



City of Lenoir, North Carolina

**Request for Termination of Service**

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

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

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

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

I hereby wish to:

\_\_\_\_\_ Terminate Service (Water, Sewer & Solid Waste Services)

Date Utility Service is to be discontinued: \_\_\_\_\_

- Monday-Friday 8:30 to 5:00 with the exception of Holidays
- Must be a future date or the present date-terminations will not be backdated

Address to mail final bill and/or deposit

Refund as applicable: \_\_\_\_\_  
\_\_\_\_\_

**Note: Your Utility deposit will be applied against your final bill and you will receive a refund check or bill for the difference.**

I hereby certify that the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

Employee Initials \_\_\_\_\_