

**REQUEST TO TERMINATE SERVICE  
GLENWOOD CITY WATER & SEWER DEPARTMENT**

**SERVICE ADDRESS:** \_\_\_\_\_

**NAME OF PERSON CURRENTLY RESPONSIBLE FOR UTILITY BILL:**  
\_\_\_\_\_

**DATE OF TERMINATION:** \_\_\_\_\_  
(THIS WILL BE THE FINAL METER READING DATE)

**NAME & ADDRESS FOR FINAL BILL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TRANSFER TO:**    LANDLORD \_\_\_\_\_    NEW TENANT \_\_\_\_\_    NEW OWNER \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_



COMPLETED FORM MUST BE RECEIVED AT CITY HALL PRIOR TO TERMINATION OF SERVICE:

CITY OF GLENWOOD CITY  
217 W OAK ST PO BOX 368  
GLENWOOD CITY WI 54013  
PHONE: 715-265-4227  
FAX: 715-265-7307



FOR OFFICE USE ONLY:

ACCOUNT NO \_\_\_\_\_                      DATE RECEIVED \_\_\_\_\_

COMMENTS: \_\_\_\_\_