

**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
113 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: _____