**REQUEST TO DISCONTINUE SERVICE**

I, (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request that my water service, account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_, with meter serial number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be disconnected from Jackson Water Supply Corp. effective on \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand that my Membership Fee will be refunded to me. If I should ever want my service reinstated, I understand that I may have to reapply for service as a new member and that I will have to pay all costs as indicated in a then current copy of Jackson Water Supply Corporation’s Tariff. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and my require capital improvements to deliver adequate service. I also understand that these improvements **will be at my cost.** I further represent to the Corporation that my spouse joins me in this request and I am authorized to execute this request for service discontinuance on the behalf of my spouse.

Things I need to bring in to the office: Photo Identification. This can be a state issued ID, Driver’s License, Passport.

**Signature of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: A FIFTEEN DOLLAR ($15.00) FEE WILL BE ASSESSED FOR THE PROCESSING OF THIS TRANSACTION AND WILL BE DEDUCTED FROM THE MEMBERSHIP FEE IN ADDITION TO ANY FINAL CHARGES OWED ON THE ACCOUNT. ALL CHARGES FOR SERVICE WILL TERMINATE ONLY WHEN THIS SIGNED STATEMENT IS RECEIVED BY THE JACKSON WATER SUPPLY OFFICE.**

**Forwarding Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(OFFICE USE ONLY)**

**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**