

DISCONNECT SERVICE REQUEST
CITY OF WEWOKA
WATER DEPARTMENT

I, _____, am requesting that water service be

disconnected at my current address: _____

Date to Disconnect: _____

My forwarding address is: _____

Phone Number: _____

I understand that my deposit will be applied to my final bill. I will be responsible for any remaining balance due. Any unpaid balance will be turned over to a collection agency after 90 days.

Customer Signature: _____

Date: _____