



Discontinue, Stop or Change Service:

Name _____ Account Number _____

Address _____ City _____ State _____ ZIP _____

Forwarding Address _____ City _____ State _____ ZIP _____

End Service Date ___/___/___ Last 4 of Social Security Number _____

Services:

| | | | | |
|---|---------------------------------|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> Stop/Discontinue | <input type="checkbox"/> Change | <input type="checkbox"/> Add | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Water | <input type="checkbox"/> Sewer | <input type="checkbox"/> Security Light | <input type="checkbox"/> Garbage |

Discontinue Service:

If service is discontinued, you assume full responsibility for maintenance and damage control of any future needs directly related to this request.

Town of Landis Ordinance requires anyone with access to the water and sewer system to be connected to Town services. This service can be stopped. However, you will be responsible for any usage or billing to the location.

If you are moving and the service is transferred to the current owner or renter, you will be issued a final bill. Remember billing is from the 15th to the 15th of each month. For any billing questions please call or request the Town of Landis Utility Billing policy.

By signing below, you are aware and agree to the above mentioned.

Signature _____ Date _____

Below is for Utility Services office use only:

| | |
|--------------------|------------------------|
| Received By _____ | Date _____/_____/_____ |
| Completed By _____ | Date _____/_____/_____ |