

Sardis Water Association
23820 N. Sardis Rd., Mabelvale, AR 72103
Office 501-602-5393/Fax 501-602-2674

REQUEST FOR DISCONNECT

CUSTOMER INFORMATION

ACCOUNT NO. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

I _____, HEREBY REQUEST THAT THE WATER METER FOR THE ABOVE ADDRESS BE DISCONNECTED ON THE _____ DAY OF _____, 20 _____, AND THAT MY DEPOSIT OR BALANCE OF DEPOSIT BE REFUNDED.

SIGNATURE: _____

DATE: _____

FORWARDING ADDRESS FOR FINAL BILL OR DEPOSIT REFUND:

