

Columbiana Water Board

Stop Service Request

**Days available are Monday - Friday, excluding holidays

Date to Stop Service: _____

Account Number: _____

Service Address: _____

If Account has deposit on file, apply deposit to final bill? Yes No

Account Holders Name:

First: _____ Last: _____

Forwarding Address for Final Bill:

Phone # : _____

Email Address: _____

By signing this you agree to discontinue service with Columbiana Water on the date requested.

Customer Signature: _____

office use only