

ACCOUNT NUMBER:

**VOLUNTARY TERMINATION REQUEST**

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

\_\_\_\_\_  
Print Owner Name

\_\_\_\_\_  
Print Spouse or Co-owner Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Owner Mailing Address (if different from Service Address)

I/we, \_\_\_\_\_,  
(if married or co-owned, both names must appear)

(herein, "Owner") desire to voluntarily terminate Sewer Services at the above listed service address.

\_\_\_\_\_  
Owner Signature (date)

\_\_\_\_\_  
Spouse or co-owner Signature (date)

Is the service address occupied (circle one): Yes / No

If yes to above, this request form must also be signed by an adult consumer residing at the service address. Signature of consumer must be done either at the County office or at service address.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**For office use only**

Service address vacant: Yes / No If no, was signature done at County or at service address: Yes / No

Identification provided: Yes / No

Service address different from billing address: Yes / No

If yes, a copy of this form must be sent to service address five (5) days prior to termination

Investigation of premises by County: Yes / No

Conclusion of investigation: \_\_\_\_\_

Date of Termination: \_\_\_\_\_