



City of Lowell, NC
TERMINATION OF WATER SERVICE



CUSTOMER NAME: _____ DATE: _____

SERVICE ADDRESS: _____

CONTACT PHONE: _____

Date Utility Service(s) to be discontinued: _____

I hereby wish to terminate the below service(s): _____ Water _____ Sewer _____ Landfill

NOTE: A meter read will be taken at the time of disconnection and any prior consumption not previously billed will be mailed to your forwarding address as a final bill.

SIGNATURE: _____

FORWARDING ADDRESS:

ACCOUNT NUMBER: _____