

CID#: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_ CYCLE#: \_\_\_\_\_

**REQUEST TO CANCEL SERVICE**

**(WATER WILL BE CUT OFF AND GARBAGE CAN PICKED UP ON THE CANCELLATION DATE LISTED BELOW)**

ENTERPRISE WATER WORKS  
PO Box 311000, ENTERPRISE, AL 36331-1000  
PHONE: 334-347-1211 FAX: 334-348-2613  
[www.cityofenterprise.net](http://www.cityofenterprise.net)

**SERVICE(S) TO CANCEL:** ALL SERVICES \_\_\_\_\_ GARBAGE / LANDFILL ONLY \_\_\_\_\_

**Requested Cancellation**

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

Name: \_\_\_\_\_

*(as it is shown on the account)*

Service Address to

Cancel: \_\_\_\_\_

Customer SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of: \_\_\_\_\_ Expiration: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Forwarding Address if applicable (required to process request)\*:** \_\_\_\_\_

\_\_\_\_\_

We ***DO NOT*** debit your account for the final bill.

If applicable, PLEASE **REMOVE** THE AUTO DEBIT FROM THIS ACCOUNT. \_\_\_\_\_ (Please initial)

**"A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED"**

\*Please Note: We bill a month behind so you will receive a final bill. It may be up to 30 days after the service is discontinued.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date Requested

3/20/2014 1:12 PM

(For Office Use Only) Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use Only) Work Order/Ref#: \_\_\_\_\_