

Village of Howard City
Application to Turn Off Water Service

Move Out Date:	
Name:	
Business:	
Site Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Phone:	
Fax:	

Please Read, Sign & Date:

I request that the Water at the above referenced address be turned off on the move out date.

Signature

Date

To be completed by Village Office

The above listed Water Customer (*select one*):

- Is eligible for a refund and has elected to receive a check.
- Is eligible for a refund and has elected to put the funds towards an unpaid balance.
- Is requesting the water to only be temporarily turned off.
- Is not eligible for a refund.
- Has already received their refund.

Date: _____ Signature: _____