



**Town of Mount Pleasant
REQUEST TO HAVE WATER/SEWER DISCONNECTED**

Name _____

Date to be disconnected _____

Address to be disconnected _____

Forwarding Address _____

Number where you can be reached _____

Social Security Number- _____ The Social Security number is privileged and confidential and will be used solely for collection purposes if necessary.

Signature: _____

FOR OFFICE USE

Work Order Processed: _____ Entered to Final: _____ Final Meter Reading: _____

Transfer Fee of \$25: _____ Transfer Deposit: _____

TOWN OF MOUNT PLEASANT