



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: _____ **Date:** _____

FOR OFFICE USE

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

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

Person Moving into Location: _____

TOWN OF MOUNT PLEASANT

An equal opportunity provider, employer, and lender.

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