



City of Turner Water & Sewer Discontinue Services

Date: _____

Effective Date: _____

Name: _____

Customer Acct# _____

Primary Name on Account

Service Address: _____

Turner Retirement Homes

Billing Forwarding Address: _____

Discontinue Service:

❖ New Customer/Owner Name: _____

Reverse 9-1-1: Please remove me from Reverse 9-1-1

I would like to remain on Reverse 9-1-1

Deposits made to your City of Turner Water and Sewer account will applied to the final bill. If there is a credit balance, a refund check will be mailed to the new address. If there is an amount due, a final bill will be issued and is due upon receipt.

Signature of Applicant

For Office Use Only:

_____ Staff's Initial

Amt. of Deposit: _____

Service Request to PW

Final Billing Statement