

REQUEST FOR DISCONNECT WATER ♦ SEWER ♦ TRASH

CITY OF MARTHASVILLE
402 EAST MAIN STREET
MARTHASVILLE, MO 63357
PHONE (636)433-5554 ~ FAX (636) 433-2283

DATE _____

CUSTOMER NAME _____

ADDRESS _____

OWN RENT

PHONE NUMBER _____

FORWARDING ADDRESS _____

MOVING DATE _____

DOES WATER GET SHUT OFF? _____

IS THIS A FORECLOSURE? _____ DATE OF FORECLOSURE _____

I understand that if my account is closed and not paid, I am responsible for any fee that is charged for the collection of my unpaid debt.

Signature _____

RECYCLE CART MUST BE SET OUT WITHIN 5 DAYS OF MOVE DATE
OR YOU WILL BE BILLED \$50.00 ON YOUR FINAL BILL.

FOR OFFICE USE ONLY

SERVICE ID NUMBER _____	STOP TRASH SERVICE DATE _____
FINAL METER READING _____	RECYCLE CART No. _____
DATE SHUT OFF _____	DATE CART PICKED UP _____

	DEPOSIT PAID	BALANCE DUE	NET REFUND	CHECK NO.	DATE
WATER	_____	_____	_____	_____	_____
SEWER	_____	_____	_____	_____	_____
TRASH	_____	_____	_____	_____	_____
RECYCLE CART	_____	_____	_____	_____	_____
		TOTAL REFUND	_____		