



**Request for Termination of Service
Owner**

CITY OF DALWORTHINGTON GARDENS

2600 Roosevelt
TEL. 817-274-7368 FAX 817-265-4401
www.waterdept.@cityofdwa.net

I, _____ (Must enclose copy of driver's license) am

requesting water service to be terminated at the following service address:

Effective on: _____ (Monday thru Friday excluding Holidays).

Please send me my final bill and/or refund to the following address:

E-mail Address

Telephone#

Cell#

I would like to leave my deposit on the account for future clean and shows:

Yes No (Please check one) If I check "No", I understand that I will need to pay

another deposit fee of \$145.00 (\$125.00 Deposit-Refundable + \$20 Connection Fee)

I am aware that water service will be terminated at the above service address on the above date between 8:30 AM and 4:00 PM. If I need to change the above date, I will contact the City of Dalworthington Gardens at the number listed above at least one (1) day prior to the requested termination date and complete a new request form. If water service is terminated before I request a new turn off date, I am aware that the city may charge me a \$40.00 service fee to reconnect water service. I am also aware that it can take up to 1 month to receive my final bill.

Customer Signature

Date

Account#

****If you mail or fax this form, it is your responsibility to verify that we received it.****

For Office Use Only

City Clerk

Date Received

Entered by _____ on _____