

# City of Henderson

## Request for Termination of Service

I, \_\_\_\_\_ request that water/sewer service be disconnected at  
Name

\_\_\_\_\_ on \_\_\_\_\_  
Service Address Disconnection Date

Account # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Verified by \_\_\_\_\_

Social Security # \_\_\_\_\_ Verified by \_\_\_\_\_

Request Date \_\_\_\_\_

Customer's Signature \_\_\_\_\_

Address for Final Bill \_\_\_\_\_

\_\_\_\_\_

Current Contact Phone # \_\_\_\_\_

*To be filled out by Office Staff:*

Work Order # \_\_\_\_\_

Entered By \_\_\_\_\_

Date \_\_\_\_\_