

Account Type

Residential
Commercial
Temporary

Service Type

Water
Sewer
Both

**PATRICK COUNTY PUBLIC SERVICE
AUTHORITY (PCPSA)**

This facility is operated in a nondiscriminatory basis with regards to race, color, national origin, religion, sex, familiar status, age, or handicap. Complaints of discrimination may be sent to the U.S. Secretary of Agriculture, Washington D.C. 20250

SERVICE ORDER TURN-OFF

NAME #1: _____ FEE PAID: _____

NAME #2: _____ ACCOUNT #: _____

SERVICE ADDRESS TO BE DISCONNECTED: _____

FORWARDING MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

SS #1 or FEIN#: _____ SS#2: _____

IF TENANT, PROVIDE FOLLOWING:

LEASE END DATE: _____

LANDLORD NAME: _____

LANDLORD ADDRESS: _____

LANDLORD EMAIL: _____

LANDLORD TELEPHONE NUMBER: _____

I do hereby request that the current customer account listed and described above be closed and that all services to this account be turned-off on the date specified below. Furthermore, I also agree to pay for all services rendered by the PCPSA up-to and until that time which services have been turned-off by the PCPSA, to include a service disconnection fee.

Additionally, I understand that all past due balances on the account listed above are subject to any and all collection procedures as specified within the *Patrick County Public Service Authority's General Business Policies & Development Rules & Regulations* as well as any other legal means that may be available to the PCPSA.

SIGNATURE: _____ DATE: _____

REQUESTED TURN OFF DATE: _____

METER READING @ TURN-OFF: _____ METER TYPE ID: _____

SECTION
COMPLETED
BY PCPSA

METER SERIAL #: _____ BY: _____