

JACKSON COUNTY WATER CO., INC.
124 W. HURON STREET
P.O. BOX 309
JACKSON, OH 45640
740-286-5929
FAX #740-286-8760

REQUEST FOR TERMINATION OF SERVICE

NAME _____

ACCOUNT # _____

SERVICE ADDRESS _____

FORWARDING ADDRESS _____

EFFECTIVE DATE _____

COMMENTS _____

I HEREBY REQUEST THE TERMINATION OF WATER SERVICE AT THE ABOVE LOCATION AND AUTHORIZE (WHERE APPLICABLE) THE DEPOSIT TO BE APPLIED TO ANY BALANCE LEFT UNPAID UPON THIS ACCOUNT, I ALSO UNDERSTAND THAT ANY BALANCE UNPAID ON ANY ACCOUNT WITH THIS COMPANY IF NOT PAID WITHIN 30 DAYS OF THE FINAL BILLING DATE WILL BE TURNED OVER TO A COLLECTION AGENCY.

SIGNATURE _____ Date _____

Authorized JCWC Representative
