

**SMYTH COUNTY WATER AND SEWER DEPARTMENT**

121 Bagley Circle Suite 113 Marion, VA 24354  
276-783-3298 ext. 265 or 272

**REQUEST TO CUTOFF SERVICE FORM**

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Names as It Appears on Bill: \_\_\_\_\_

**Cutoff Address:** \_\_\_\_\_

Send Final Bill to: \_\_\_\_\_

Service Address Relocating to: \_\_\_\_\_  
(If PO Box provided above)

Place of Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Work or Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Desired for Cutoff of Service: \_\_\_\_\_

Reason for Cutoff Request: \_\_\_\_\_

Was the property occupied by an owner or tenant? \_\_\_\_\_ Owner \_\_\_\_\_ Tenant

Property Owner: \_\_\_\_\_

If property was occupied by a tenant, please complete the following information:

Tenant Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if mailing address is PO Box): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Written Lease Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, please provide copy if you have not already provided such).

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I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed, including any outstanding/delinquent balances by the Smyth County Water and Sewer Department.

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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**For Office Use Only:** Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Book No. \_\_\_\_\_ Service No. \_\_\_\_\_

Final Ending Reading: \_\_\_\_\_ Meter Reader: \_\_\_\_\_ Cutoff date: \_\_\_\_\_

**Notes:**