

SMYTH COUNTY WATER AND SEWER DEPARTMENT

121 Bagley Circle Suite 113 Marion, VA 24354
276-783-3298 ext. 8328 or 8329 Fax: 276-783-9314

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).

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.

Date

Signature

For Office Use Only: Date Received: _____ Employee: _____

Book No. _____ Service No. _____

Final Ending Reading: _____ Meter Reader: _____ Cutoff date: _____

Notes: