

Rt/Seq _____

GIBSONVILLE WATER/SEWER SERVICE

Phone: 336-449-4144

Fax: 336-449-4196

Email: water@gibsonville.net

Permanent Turn Off Request

TURN OFF DATE: _____

(Date to disconnect water service)

A/C#: _____

W/ORDER #: _____

SERVICE ADDRESS:

REQUESTOR'S NAME:

FORWARDING ADDRESS:

Email Address: _____

CONTACT PHONE #: (_____) - _____

WORK PHONE #: (_____) - _____

All of the above information is corrected as stated: _____

Signature

Date of request: _____