



City of  
**VALLEY FALLS**

*Incorporated May 17, 1869*

**For Office Use Only**

Account #:		Turn Off Date:	
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**Disconnect Form**

**ACCOUNT INFORMATION**

SERVICE ADDRESS:		DISCONNECT DATE:	
DISCONNECT:	<input type="checkbox"/> WATER	<input type="checkbox"/> SEWER	<input type="checkbox"/> TRASH
SERVICE USE:	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL
OWNERSHIP:	RENT	OWN	LANDLORD:
NAME: (LAST)	(FIRST)	(M.I.)	
FORWARDING ADDRESS: STREET			
CITY	STATE	POSTAL CODE	
PHONE #	EMAIL:		
SIGNATURE:			DATE: