



CITY OF WILLARD, MISSOURI CANCELLATION OF WATER/SEWER SERVICE

(Account holder to email form with color copy of driver's license to: utilbilling@cityofwillard.org,
cc: utilityclerk@cityofwillard.org)

Name _____ SSN _____

Service Address _____ City _____

Phone _____ DOB _____ Driver's License # _____ State _____

Forwarding Address _____

City _____ State _____ Zip _____

****Required on ALL cancellations****

Do you have trash service through the city? Yes No Trash Company _____

Name of Landlord _____ Phone _____

Date requested for cancellation ____/____/____

***Request date cannot be any sooner than the next business day.**

Applicant(s) and/or property owner hereby agree to abide by all rules and policies established by the City of Willard, MO concerning cancellation of service and payment of final bill.

Applicant Signature _____ Date _____

OFFICE- USE ONLY

Account # _____ - _____ - _____ Scanned & Uploaded _____

Deposit on file: \$ _____

_____ SO Created _____ Account Note _____ General Mailing Address _____

_____ Email Trash _____ Trash Log _____ Application Found Yes No

LL Account # _____ - _____ - _____ Changed Status _____

If LL Account - Sewer code (400) is turned OFF _____ & Sewer code(401) is turned ON _____

Acct Charges \$ _____ \$ _____ Deposit Applied _____

Total Owed to the City \$ _____

_____ Issued Refund Check# _____ Refund Amount \$ _____

_____ Check Mailed Date ____/____/____