



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 # _____ - _____ - _____

Transfers to Account # _____ - _____ - _____

Deposit on file: \$ _____

____ SO Created ____ Account Note ____ General Mailing Address

____ Email Trash ____ Trash Log Application Found Yes No

LL Account # _____ - _____ - _____

____ Check Sewer Average ____ (400) & Related ____ (401) in SO (check one)

Transferred to Account # _____ - _____ - _____ ____ Applied to Acct.

Acct Charges \$ _____ \$ _____ Deposit Applied

Total owed to the City \$ _____

____ Issued Refund Check# _____ Refund Amount \$ _____

____ Check Mailed Date ____/____/____