



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 _____
Phone _____ DOB _____ Driver's License # _____ State _____
Name _____ SSN _____
Phone _____ DOB _____ Driver's License # _____ State _____
Service Address _____ City _____

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 _____ Scanned & Uploaded
Total Owed to the City \$ _____
_____ Issued Refund Check# _____ Refund Amount \$ _____
_____ Check Mailed Date ____/____/____