



CITY OF WILLARD, MISSOURI CANCELLATION OF WATER/SEWER SERVICE

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****

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

Application Found Yes No Changed Status _____

LL Account # _____ - _____ - _____

If I.I. 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 ____/____/____