



APPLICATION FOR PIPED AND TRUCKED WATER DISCONNECTION

CUSTOMER

DATE OF DISCONNECTION: _____

PROPERTY ADDRESS: _____

FORWARDING ADDRESS: _____

I understand that my meter deposit (if applicable) will be applied against my final utility bill should it not be paid and that the balance will be refunded.

NAME: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMAIL ADDRESS: _____

APPLICANT SIGNATURE: _____ DATE: _____

You may consider having your lines blown out after disconnection to avoid any freezing. The Town of Fort Smith is not responsible for any frozen lines due to disconnection. A new application for reconnection must be made through the town office before service can be restored.

WATER TREATMENT PLANT

ACCOUNT TRANSFER: Y/N _____
(If yes, has connection form for new occupant been completed?)

METER #: _____ READING: _____

WATER DISCONNECTION AT CURB STOP: YES/NO

DATE OF DISCONNECTION: _____ WORK CONFIRMED: _____

INTERNAL USE ONLY

ROLL #: _____ ACCOUNT #: _____

EFFECTIVE DATE: _____ WORK CONFIRMED: _____