

TOWN OF MAYSVILLE PUBLIC UTILITIES SERVICE DISCONNECTION REQUEST

Customer Service Department – 404 Main St. Maysville, NC 28555
(910) 743-4441 Fax (910) 743-0895

At least 24-hour notice required: Monday – Friday only

Account #: _____ Date: _____

Customer Name: _____ Telephone Number: _____

Service Address: _____

Forwarding Address: _____

Disconnection Date: _____ Apply deposit to final bill? Yes No

Please be advised:

Water services could be turned off as early as 7:00 a.m. on the requested disconnection date.

INITIALS

By signing this request, you agree to pay the balance within fifteen (15) days of receipt of the final bill. If the balance is not paid any and all information will be used to collect a debt from the NC Debt Set-off Program (G.S. 105A-1 through G.S. 105A-16)

We are required to keep a signature on file when an account is opened and closed. If this property is being sold, or rented out, please advise the new owners or tenants that they will need to come to our office to establish service. Thank you for your cooperation in this matter.

By my signature below, I acknowledge that I have read and agree to the above listed conditions and any questions have been answered satisfactorily. I also understand that the water service could be turned off as early as 7:00 a.m. on the disconnection date listed above.

Customer's Signature: _____ Date: _____

Official Use Only

Date Processed: _____

Customer Service Representative Signature: _____