

# RIVERSIDE WATER DEPARTMENT

379 DEPOT STREET · RIVERSIDE, ALABAMA 35135 · (205) 338-7692 · WATER@RIVERSIDE-AL.COM

## DISCONNECT REQUEST

\*Date for disconnection must be a business day in the future, service cannot be disconnected on the same day form is completed.

TODAY'S DATE \_\_\_\_\_ REQUESTED DISCONNECT DATE \_\_\_\_\_

NAME \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

SERVICE (PHYSICAL) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (for final bill/refund) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

### REASON FOR DISCONNECT OF SERVICE / COMMENTS / QUESTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am responsible for all services furnished by the City of Riverside up until disconnection date. If I fail to pay any remaining balance, I understand that this balance will be subtracted from my deposit refund. Any remaining amount will be paid within 15 days. I acknowledge that all water service guidelines may be found in Ordinance No. 2012-1204, which is available upon request.

SIGNATURE \_\_\_\_\_

#### FOR OFFICE USE ONLY:

W/O # \_\_\_\_\_

Disconnect Date \_\_\_\_\_

Refund Applied to Bal. \_\_\_\_\_

Refund Check# \_\_\_\_\_

Refund Amt. \_\_\_\_\_

Mail Date \_\_\_\_\_