

RIVERSIDE WATER DEPARTMENT
379 DEPOT STREET · RIVERSIDE, ALABAMA 35135 · 205-338-7692
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 _____ **SSN#** _____

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. 2023-0320, which is available upon request.

SIGNATURE _____

FOR OFFICE USE ONLY:

W/O # _____

Disconnect Date _____

Refund Applied to Bal. _____

Refund Check# _____

Refund Amt. _____

Mail Date _____