



## City of Walhalla Water Department DISCONTINUANCE OF SERVICE REQUEST

I, \_\_\_\_\_ would like to request service to be  
(Account Holders Name)

discontinued at \_\_\_\_\_  
(Service Address, City, State, Zip)

Account # \_\_\_\_\_ - \_\_\_\_\_ on \_\_\_\_\_  
(Account #) (Date of Discontinuance-Cannot Back Date)

I understand that I will receive a final bill that will include water used up until the date of discontinuance, this final bill and any other correspondence can be mailed to \_\_\_\_\_  
(Forwarding Street Address, City, State, Zip )

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

-----FOR OFFICE USE ONLY-----

R \_\_\_\_\_

Sanitation \_\_\_\_\_

M \_\_\_\_\_

Deposit \_\_\_\_\_

PREV \_\_\_\_\_ / \_\_\_\_\_

City Hall Office:  
206 North Church Street  
Walhalla, SC 29691

Office: (864) 638-4343  
[billing@cityofwalhalla.com](mailto:billing@cityofwalhalla.com)  
After Hours Emergency (864) 499-4162

Mailing Address:  
Post Office Box 1099  
Walhalla, SC 29691