## CITY OF WALHALLA DISCONTINUANCE OF SERVICE REQUEST

1	, would	like to request service to be
(Name as ap	opears on Account)	
discontinued at	, account #	
	(service address)	(account #)
on(date of discontin	. I understand that I will rece	vive a final bill that will include
water used up until t	the date of discontinuance, this final b	oill and any other
correspondence can		
	(Forwarding add	ress of customer)
	(Signature)	