



## SYRACUSE CITY WATER DISCONNECT REQUEST

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

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (TEL. PHONE)

REASON FOR DISCONNECT REQUEST: \_\_\_\_\_

DATE VACATING: \_\_\_\_\_

HOME LOAN CLOSING DATE: \_\_\_\_\_

OCCUPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signed and completed form may be scanned and emailed to [hthurgood@syracuseut.com](mailto:hthurgood@syracuseut.com) or [hcraythorn@syracuseut.com](mailto:hcraythorn@syracuseut.com)

IF RENTING

LANDLORD NAME: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

LANDLORD PHONE #: \_\_\_\_\_