



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: _____
(IF APPLICABLE)

DATE: _____

OCCUPANT SIGNATURE: _____

(IF RENTING)

LANDLORD NAME: _____

LANDLORD ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

LANDLORD PHONE #: _____

