DISCONNECT SERVICE REQUEST

CITY OF WEWOKA WATER DEPARTMENT

	I,				AM	REQUEST	I'ING	WATER	SERVICE
		YOUR NAME	C						
TO	BE DIS	CONNECTED	AΤ						
						CURRENT	ADDRE	SS	
ON			_•						
	DATE TO	DISCONNECT							
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									MY FINAL
									BALANCE DU
		D BALANCE		L BE	TUF	WED OVE	R TC	A COL	TECTION
AGE	NCY AF	TER 90 DAY	ZS.						
	0,0	SIGN HERE							
		DATE			•				