



TOWN OF ATLANTIC BEACH

125 WEST FORT MACON ROAD
ATLANTIC BEACH, NORTH CAROLINA

REQUEST FOR DISCONNECTION OF WATER SERVICE

NAME _____

SERVICE ADDRESS _____

ACCOUNT NUMBER _____

I am requesting that the water account be closed in my name effective as of _____ (date).

Complete if sold:

Name & address of new owner _____

Complete if renter:

Name & address of property owner _____

MAILING ADDRESS FOR FINAL BILL _____

Sign: _____

Phone no: _____

Date: _____

Fax 252-726-7603