



**Madison County Sanitary Sewer and Water District**  
13 North Oak Street  
PO Box 623  
London, Ohio 43140  
740-845-1702 (Office)  
740-845-1703 (Fax)

REQUEST FOR TERMINATION OF WATER/SEWER SERVICE

Termination of service:	Sewer	Water
Account Number(s):	Termination Date:	
Service Address:		

ALL INFORMATION TO BE PROVIDED FOR TERMINATION OF SERVICE

Account Name:	
Closing bill mailing address:	
Primary Phone:	Email:

**Closing this account will generate a closing bill for which you will be responsible. If you have a tenant with the District, the deposit will be applied to your closing bill. Any remaining balance will be mailed to the closing bill mailing address above. Water/Sewer service will not be discontinued and responsibility for payment of all charges will not end until this notification is received by the Madison County Sanitary Sewer & Water District.**

**I hereby authorize the Madison County Sanitary Sewer & Water District to discontinue water service in my name:**

\_\_\_\_\_  
Signature

Date

Print Name

<b>FOR OFFICE USE ONLY</b>	
Date Received:	Date Mailed: