



CITY OF WELLSTON

203 E Broadway St.
Wellston, OH 45692
740.384.2720

www.cityofwellston.org

Termination of Water Service Agreement

Customer Information

Customer Name: _____

Service Address: _____

Phone Number: _____

Account Number: _____

Service Termination Details

Requested Date of Water Disconnection: _____

Will any current occupants remain in the residence after this date?

Yes No

Forwarding Address (for Final Billing)

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Authorization

I request termination of water service for the account listed above and understand that I am responsible for all charges incurred through the disconnection date.

Customer Signature: _____ Date: _____

Office Use Only

Processed By (Clerk): _____ Date: _____