



WATER & WASTEWATER ACCOUNT CLOSE-OUT FORM

FORM NEEDS TO BE RECEIVED BY THE DISTRICT 72 HOURS PRIOR TO THE ACCOUNT CLOSE DATE

Name on Account*:

Account Number*:

**required information*

Service Address*: _____

Owner

Renter

Final bill and/or deposit refund should be sent to the following address*:

Address

City

State

Zip Code

Date to close account*:

(Close-out Date CANNOT be on a weekend or a Holiday)

Telephone Number*: () _____ - _____

E-mail Address*: _____

Signature

Date

Please email form to: general@awrservices.net