TOWN OF BEAUFORT
701 Front Street, P.O. Box 390
Beaufort, N.C. 28516
(252) 728-2141, (252) 728-3982 fax
www.beaufortnc.org

REQUEST TO DISCONNECT SERVICE

Account Name: _____

Address: _____

Account Number: _____

Date to Disconnect: _____

Forwarding Address: _____

Phone: _____

I wish to disconnect water services and understand that I am responsible for the water billing up to the date of disconnect. I understand that my deposit will be applied to the final bill and I will be responsible for any amounts over my deposit. The forwarding address will be used to refund any money due from my deposit.

_____

Customer Signature Date

Return this completed form to Town Hall via fax at 252-728-3982, by e-mail to w.keeler@beaufortnc.org, mail to P.O. Box 390, Beaufort, N.C., 28516 or in person and the account with be finalized.