

Town of Beaufort  
701 Front St  
Beaufort, NC 28516  
(252)728-2141

REQUEST FOR FINAL DISCONNECT

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Are you the property owner? \_\_\_\_\_\*

\*Owners are required to maintain minimum monthly billing\*

If yes: Is this a second home? \_\_\_\_\_

Is the home for sale? \_\_\_\_\_ Date sold \_\_\_\_\_

Service address to disconnect:

\_\_\_\_\_

Date to disconnect: \_\_\_\_\_

Forwarding address: \_\_\_\_\_

\*Required for deposit refund

\_\_\_\_\_

Phone#: \_\_\_\_\_

I understand that I am responsible for the water billing up to the date of disconnect. The deposit is applied to the final bill. I am responsible for any amounts over my deposit. The forwarding address is used to refund any monies due from my deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_