DESTIN WATER USERS, INC.
DISCONNECTION OF SERVICE

MEMBER(S) NAME: _____

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

CITY_____STATE_____ZIP CODE _____

MAILING ADDRESS: _____

CITY_____STATE_____ZIP CODE _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE NUMBER _____

E-MAIL ADDRESS_____

TELEPHONE NUMBER: _____

REQUESTED BY PHONE**:** YES or NO

REQUESTED DISCONNECT DATE_____

MEMBER(S) SIGNATURE_____

THERE IS A $20.00 ADMINISTRATIVE FEE TO DISCONNECT SERVICE AND IT WILL BE APPLIED TO YOUR FINAL BILL. SAME DAY SERVICE IF RECEIVED BEFORE NOON.

********************OFFICE USE ONLY*******************

ADMIN FEE: $20.00

WORK ORDER NO._____

ENTERED BY: _____ DATE:_____

Mailing address: PO Box 308 Destin, Fl 32540 Customer Service: (850) 837-6146 FAX: (850) 654-5173