

**Town of Farmville  
Final Bill Request Form**

**Account number:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name of person making request:** \_\_\_\_\_

Water/sewer bill is currently in the name of \_\_\_\_\_

Turn water off at the following address: \_\_\_\_\_

\_\_\_\_\_

Is deposit to be transferred to another location?     Yes     No

If transferred, please give the address to where the deposit should be transferred:

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Other: \_\_\_\_\_

Forwarding address for final bill: \_\_\_\_\_

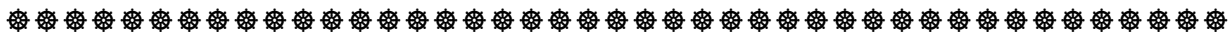
\_\_\_\_\_

Date service disconnect is requested: \_\_\_\_\_

Date this request is being made: \_\_\_\_\_

**By signing this form, I certify that I am the person responsible for the above listed water/sewer bill. Furthermore, I acknowledge all of the above information to be correct to the best of my knowledge. I understand that water/sewer service will be discontinued on \_\_\_\_\_ at the address listed above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Office use only:** \_\_\_\_\_ **Work Order Number:** \_\_\_\_\_

**Date work order entered:** \_\_\_\_\_ **Entered by:** \_\_\_\_\_