|  |  |
| --- | --- |
| A logo for a company  AI-generated content may be incorrect.***APPLICATION TO DISCONTINUE SERVICE*****Complete and return this form with all****required documents and information to:****Scott County PSA****156 Legion Street****Weber City, VA 24290****276-386-3401** | **OFFICE USE ONLY****Received: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ 🞏 Water 🞏 Sewer** **🞏 Residential 🞏 Non-Residential****If Non-residential., meter = \_\_\_\_\_-inch****Connection fee paid: $\_\_\_\_\_\_\_\_** **Deposit paid: $\_\_\_\_\_\_\_\_ Admin. Fee paid: $\_\_\_\_\_\_\_\_****Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meter No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Connected: \_\_\_\_/\_\_\_\_/20\_\_\_\_****Disconnected: \_\_\_\_/\_\_\_\_/20\_\_\_\_****Scanned: 🞏 Staff initials: \_\_\_\_\_\_\_\_** |

**Please mark the appropriate boxes and fill in the required blanks:**

|  |  |  |
| --- | --- | --- |
| **Account number:** | Enter your SCPSA account number |  |
| **Discontinue:** | [ ]  **Water**  | [ ]  **Sewer**  |
| **Reason:** | [ ]  **Moving**  | [ ]  **Customer deceased** | [ ]  **Have other water supply** | [ ]  **Other** |
| **Name on account:** | Enter first name | Enter middle name | Enter last name |
| **Service address:** | Enter street address or PO Box | Enter city | Enter state | Enter zip code |
| **Required security information for account holder:** | Enter date of birth MM/DD/YEAR | Enter social security number |
| **Driver’s license:** | Enter state that issued license | Enter driver’s license number |
| **If not the account holder, I am the:** | [ ]  **Executor of estate, and**[ ]  **Certificate of Qualification is attached** | [ ]  **Person in charge of the account, and** [ ]  **Proof I am & that account holder is unavailable is attached.** |
| **If not the account holder:** | [ ]  **Show photo ID when deliver application** | [ ]  **Attach copy of photo ID if mailing** |
| **Do you pay bill by bank draft?** | [ ]  **Yes, I pay using automatic bank draft (ACH)** | [ ]  **No, I pay using other methods** |
| **Final bill address:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Enter street address or PO Box | Enter city | Enter state | Enter zip code |

 |
| **Telephone Nos.:** | Enter primary phone number | Enter secondary phone number |

***I hereby request that service be discontinued as described and certify that the above information is correct.***

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_**

**If this is a rental property: Owner name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCPSA will disconnect the service within 5 business days after the date the SCPSA office receives this application.**