|  |  |
| --- | --- |
| 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.**