



DISCONNECTION FORM

I hereby request that the Corporation's water supply to my premises be disconnected.

Date requested: ____/____/____

Account No. (s): _____ - _____, _____ - _____ & _____ - _____

First Name: _____

Last Name: _____

Address: _____

Tel No#: (264)-_____

Reason for disconnection: _____

Please note that there is a Reconnection fee of **EC \$50.00. The fee is dependent upon the period you have been disconnected.

Signature of Applicant

Date: ____/____/____

Processing Officer

Date ____/____/____

FOR OFFICE USE ONLY

Work Order#: _____

Assign to _____

From: _____

Date completed ____/____/____

Time: _____:_____ am / pm

Meter number _____

Meter reading: _____

Work done by: _____