



Town of Triana Water Works and Sewer Board
640 6th Street, Madison AL 35756

REQUEST TO DISCONNECT RESIDENTIAL WATER SERVICES

Service Information

1. Date of Request:		Primary Account #:	Irrigation Account #:	Final Bill Amount:
		Final Reading:	Final Reading:	Refund Amount:
2. Date to Disconnect Service:		Date Services Disconnected/Changed:		Amount Due (if applicable):
3. Service Address:				
4. Subdivision: (if applicable)				
5. Request:	<p>Check all that apply:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Irrigation</p> <p><input type="checkbox"/> Service will be transferred to new owner/tenant on the date shown in Block 2 (<i>new owner/tenant must complete application</i>)</p> <p><input type="checkbox"/> I am transferring service to a new location within the Town of Triana: _____ (<i>must complete application for service at new location</i>)</p> <p><input type="checkbox"/> Water service will be disconnected for an extended period of time (greater than 1 month)</p> <p><input type="checkbox"/> I will pay my final bill and request refund of my entire deposit -or- <input type="checkbox"/> Refund my deposit less my final bill amount</p>			

Current Account Holder

5. Account Holders:	Primary:				
	Spouse:				
	Other authorized individuals:				
6. Forwarding Address (Address to mail deposit or remainder):					
7. Home Phone:		8. Work Phone:		9. Cell Phone:	

Acknowledgement

<p>Deposit will be refunded after services are disconnected, less any unpaid balance due the Town of Triana Water Works and Sewer Board. Applicant further acknowledges that tampering with water meters is prohibited and illegal per Town of Triana Ordinance. Applicant affirms the above information is correct.</p>	
<p>_____ Applicant Signature</p>	<p>_____ Date</p>