

ACCOUNT #: _____



REQUEST TO RETIRE SERVICE

APPLICANT INFORMATION

COMPANY NAME (If applicable): _____

FIRST: _____ M: _____ LAST: _____

MAILING ADDRESS STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ CELL: _____ EMAIL ADDRESS: _____

SERVICE ADDRESS STREET: _____

CITY: _____ ZIP CODE: _____ PARCEL ID: _____

HAS PLUMBING BEEN REMOVED/CAPPED OFF INSIDE THE LOCATION? (Check ONE) YES NO

RETIRE SERVICE AFTER THIS DATE: _____

TYPE OF SERVICE (Check one)

RESIDENTIAL SERVICE/ COMMERCIAL/ INDUSTRIAL/ PUBLIC AUTHORITY/ PRIVATE FIRE PROTECTION

SIZE OF SERVICE: _____

By signing below, you understand once this service is retired a new application, tap fee and engineering costs must be paid for new service in the future.

Property Owner(s)

Signature

Date

Signature

Date

Printed Name

Printed Name

FIRE DEPARTMENT AUTHORIZATION (Private Fire Protection Service Termination)	
FD APPROVER (PRINTED NAME)	FD SIGNATURE
BADGE NO: _____	DATE: _____

EWSU USE ONLY		
RECEIVED BY: _____	SUBMITTED TO: _____	DATE: _____

The EWSU strongly recommends contacting Insurance providers prior to disconnecting any services which may change Insurance coverages.