



Sign Out Application for Utility Services

Name						
Service Address						
Account Number						
Mailing Address for Final Bill						
Home Phone Number						
Cell Phone Number						
Email						
Driver's License Number <small>Copy Required</small>						
Subdivision Name						
Select Type of Service	Residential House		Commercial Business		Irrigation	
Date to Stop Services						

Customers Signature _____ Date _____

Customer Service Representative _____ Date _____

Please return application and documentation to The City of Canton Water Department