



SHUT OFF NOTICE DELINQUENT WATER BILL

Date: _____

Account Name: _____

Account Address: _____

☐ Water service at the above location will be shut off if our office does not receive payment for the past due amount.

Amount Past-Due: \$ _____

Payment Due By: _____

☐ Water service at the above location has been shut off due to non-payment of your bill. In order to have this service re-connected you must contact our office and pay your bill or make necessary arrangements.

Phone #: _____