

SOUTH DELAWARE COUNTY REGIONAL WATER AUTHORITY

REQUEST FOR DISCONTINUANCE OF WATER SERVICE

Date: _____

Property Owner Name: _____

(Please Print)

Account Number: _____ Block Number: _____ Lot Number: _____

The above named property owner hereby makes a request to South Delaware County Regional Water Authority to have water service discontinued for the above-identified property.

By my signature below, I understand and agree to the following:

- **The deposit will be used to pay the \$50 disconnect fee and the final bill; the balance will be mailed to you.**
- *Mail the signed form back to: SDCRWA, PO Box 577, Lowell, AR 72745*
- *The undersigned, the registered owner of the real estate identified above, understands and agrees that if he/she should decide in the future to have water service restored to the property, he/she will pay the required deposit and set-up fee.*
- *It is further understood that if restoration of water service to the property identified above by the Authority is requested in the future, service may be denied if restrictions on the number of water users that may be added to the system are in effect.*

Signature: _____
(Property Owner)

Address for refund check: _____

Date Received: _____

Received by: _____
(Please Print)

Signature: _____
(District Representative)

Date: _____