

# CITY OF HARRISBURG

## STOP SERVICE REQUEST FOR WATER/SEWER SERVICE

Personal Information

Name	Additional Name(s) on Account
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Address	Stop Service Date
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Forwarding Address
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Phone	Email	SSN (Last 4)
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Own or Rent (Circle One)	Landlord Name & Number (If Renting)
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Read and Initial

<b>DEPOSIT:</b> A \$150 deposit was required at start service. This will be credited toward any balance on the account at time of service end. If no balance is left or the remaining amount after balance is paid will be sent to the forwarding address provided
Initial

<b>NOTICE:</b> Your request to end services does not transfer services to the new occupant.
Initial

Sign

Applicant Signature	Date
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\*Your signature grants the City of Harrisburg permission to verify your identity

Completed stop service forms can be emailed to [Jill.Johnke@harrisburgsd.gov](mailto:Jill.Johnke@harrisburgsd.gov) or dropped of at City Hall during office hours

Office Use

Account Number:	Notes:
Deposit:	
Application Accepted By:	