TOWN OF KAMSACK
APPLICATION FOR WATER METER
DISCONNECTION

Date _____

Name of Customer:_____

Street Address: _____

Walksheet Number: _____

Forwarding Address:
Refund (Mailing) _____
Transfer (Street & Roll) _____

When Disconnect Required: _____

Is Building Open? _____

Who Will Be Occupying House? _____

Information Supplied By: _____

Billing: **Final or Partial _____**

Water Meter Deposit $_____ **In**
Out

PRESENT READING **_____**

PREVIOUS READ **_____**

CONSUMPTION **_____**

ACCOUNT # _____

OWNER # **_____**