



UTILITY STOP SERVICE APPLICATION

(Please allow a minimum of 5 business days to process.)

TODAY'S DATE		UTILITIES	
		WATER	SEWER
APPLICANT FULL NAME		*	
		OWNER <input type="checkbox"/>	RENTER <input type="checkbox"/>
STOP SERVICE ADDRESS			
FORWARDING MAILING ADDRESS (FINAL BILL WILL BE MAILED HERE)			
STOP SERVICE DATE (Monday-Friday)	PHONE NUMBER	EMAIL ADDRESS	

*Water Meter will be read on date of transfer and a final bill will be sent to the forwarding address.

Signature of One Name on Utility Account Date

If known:
New Owner/Occupant Name(s): _____

Phone Number: _____ Email: _____

Please return completed form to address below or email to befta@cityofcarver.com.

Office Use Only	
Meter reading on date of transfer:	Date: