

The Town of Spring Lake

Town of Spring Lake

Water Department

300 Ruth Street

Spring Lake, NC 28390-0617

Phone: 910-703-8912



www.townofspringlake.com

DISCONNECTION OF UTILITY SERVICE

Please complete the form below in its entirety in order to disconnect your Utility Service with the Town of Spring Lake. If this form is not filled out completely, it will be considered null and void and the services will not be disconnected until a complete form is received. Once complete, you may mail, email, or bring the form in.

Be advised that a final bill will be mailed to the forwarding address you provide. The person listed as the primary account holder will be held responsible for all water used until we receive written notice of cancellation of service.

Also, be advised that depending on when you final the account, you may receive two bills after you vacate: your normal bill and your final bill. You are still responsible for paying all bills until your final bill is generated. YOU WILL RECEIVE A FINAL BILL (WHICH WILL STATE "FINAL BILL") -- THIS BILL WILL INCLUDE YOUR FINAL CONSUMPTION UP TO YOUR DISCONNECT DATE. Bank draft customers: Final bill will be drafted from your account.

Name: _____ Disconnect Date: _____
Current Service Address: _____ Water Account # _____

Forwarding Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Driver's License # _____ Last 4 of SSN# _____

I understand that my security deposit will be applied to the final bill. I agree to pay any interim bills prior to the final bill. If that balance is not paid by the 18th, my account will be assessed a \$25.00 late fee. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form. I understand that the refund will be mailed within six to eight weeks of having service disconnected.

If the security deposit is less than the final bill, I agree to pay the balance due in full by the due date indicated on the final bill. I understand that failure to pay the balance due by the requested date will result in the account being turned over to a collection agency. I also agree to pay any collection or legal fees incurred by the Town of Spring Lake in collecting the balance of the account.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date & Received by: _____ Balance before final bill \$ _____ Paid: YES ___ NO ___