

Carroll County PSA  
605-2 Pine Street  
Hillsville, VA 24343  
Ph# (276)730-3170  
Fax# (276)730-3178

**REQUEST FOR DISCONNECTION OF WATER & SEWER SERVICE**

Date Request Made: \_\_\_\_\_

Date of Requested Service Disconnection: \_\_\_\_\_

Disconnection of Service Requested By: \_\_\_\_\_

Customer Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

\_\_\_\_\_

Forwarding Address for Final Billing: \_\_\_\_\_

\_\_\_\_\_

Every effort will be made to disconnect your service on the date requested. However, workloads will sometimes prevent us from being able to meet your request on the specific date requested. You are responsible for all metered consumption through the date we take a final meter reading on your account. To help us to meet your request, please notify us at least one week prior to your requested service disconnection.

Please complete this form and present it with a photo ID at our office, you may also fax or email to: [concetta.hancock@carrollcountyva.gov](mailto:concetta.hancock@carrollcountyva.gov) or [debra.frost@carrollcountyva.gov](mailto:debra.frost@carrollcountyva.gov)

**Office Use Only:**

Date Request Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Method of Receipt: \_\_\_\_\_ In Person \_\_\_\_\_ Fax \_\_\_\_\_ Email