

CHILLICOTHE UTILITIES DEPARTMENT

Mail: PO Box 630, Chillicothe OH 45601

Fax: 740-773-2192

VOLUNTARY TERMINATION REQUEST

TEMPORARY SUSPENSION REQUEST - \$25

Account No. _____ Date to shut water off _____

Service Address _____

Customer Name _____

NEW Mailing Address _____

I. Request for Voluntary Termination or Temporary Suspension of Water Service.

A. The address at which water service is to be terminated/suspended is a

___ 1. Single family residence

___ 2. Duplex/triplex/multi-unit apartments

___ 3. Non-residential building

B. Reason for termination/suspension (mark all that apply):

___ 1. The address at which service is terminated/suspended is unoccupied.

___ 2. A temporary suspension is needed for repairs then will call when repair is complete.

___ 3. Other reasons, explain _____

II. Required Certification for Termination.

Under penalty of perjury and to induce the City of Chillicothe, to terminate or suspend water service to the address listed herein, I certify that I have personal knowledge that the information given herein is accurate. I further certify that each service address affected by the requested termination either is unoccupied or, if occupied, that an adult consumer actually residing at each service address affected must sign up for service, with proper identification, before a Water Department employee at the Water Department. If a suspension is requested, the applicant certifies that the service address will be unoccupied during the suspension and that no customer will be affected. If occupied, the applicant will provide the City with a copy of the written notice that has been provided to the occupant of the unit at least 24 hours before the suspension notifying the occupants of the proposed suspension.

X _____
Customer requesting termination

Date