

**Town of Farmville  
Final Bill Request Form**

Account number: \_\_\_\_\_ Location: \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Water/sewer bill is currently in the name of: \_\_\_\_\_

Turn water off at the following address: \_\_\_\_\_  
\_\_\_\_\_

Is deposit to be transferred to another location or person? \_\_\_\_\_ Yes \_\_\_\_\_ No

If transferred, please give the address to where the deposit should be transferred to:

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Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Forwarding address for final bill: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date service **disconnect** is requested: \_\_\_\_\_

Date this request is being made: \_\_\_\_\_

**By signing this form, I certify that I am the person responsible for the above listed water/sewer bill. Furthermore, I acknowledge all the above information to be correct to the best of my knowledge. I understand that water/sewer service will be disconnected on \_\_\_\_\_ at this address listed above. I acknowledge that I am legally responsible for the payment of this bill and agree that the statute of limitations shall not bar any efforts to collect any balance here under.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only: Work Order Number \_\_\_\_\_ Date Entered \_\_\_\_\_  
Entered By: \_\_\_\_\_ Checked by \_\_\_\_\_**