

HARPERSVILLE WATER BOARD  
POST OFFICE BOX 340  
HARPERSVILLE, AL 35078  
205.672.9961



## WATER SERVICE CLOSURE AUTHORIZATION FORM

(as listed on account) LAST NAME		FIRST NAME	MIDDLE INITIAL	TODAY'S DATE
WATER SERVICE ADDRESS (print below)		CITY AND STATE	ZIP CODE	<input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENTAL <input type="checkbox"/> RENTAL
FORWARDING ADDRESS (print below)		CITY AND STATE	ZIP CODE	DATE OF DISCONNECTION
EMAIL ADDRESS (print below)		HOME AND/OR CELL PHONE NUMBER (print below)		
SOCIAL SECURITY NUMBER (print below)		DRIVER'S LICENSE NUMBER (print below)		

1. I, the undersigned, hereby request the Harpersville Water Board discontinue water service at the service address specified herein.
2. I understand all outstanding balances must be paid prior to my deposit being refunded.
3. I understand my account will have one final billing cycle. The amount of the final bill shall be deducted from my water service deposit. The remaining funds, if any, shall be mailed to the forwarding address specified herein.
4. I understand the remaining funds, if any, must be paid within 60 business days. If not paid in said period, any remaining balance will be sent to state collection and a \$25.00 fee will be added.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Water Clerk

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

- ☐ Water Service Deposit amount on file \$ \_\_\_\_\_
- ☐ Deposit applied to balance in the amount of \$ \_\_\_\_\_ Check No. \_\_\_\_\_
- ☐ Deposit refunded in the amount of \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date applied/refunded \_\_\_\_\_

Water Meter No. \_\_\_\_\_

Account No. \_\_\_\_\_