



CITY OF IRONTON PUBLIC WORKS DEPARTMENT WATER DISCONNECTION REQUEST

Water Account No. _____ Date of Request _____

A. Water Customer's Name _____

Billing Address _____

B. The address at which water service is to be disconnected: (complete the following):

1. Same as billing address (place check mark here) ☐

2. _____

C. The address to be disconnected is a: (check whichever applies)

☐ 1. Single family residence

☐ 2. Duplex/Triplex

☐ 3. Apartment building or buildings containing _____ (#) of apartments

D. Reason for disconnection:

☐ 1. The address to be disconnected is completely unoccupied.

☐ 2. A temporary disconnection is needed for repairs.

☐ 3. Other reasons (Explain) _____

To induce the City of Ironton to disconnect water service to the address or addresses listed herein, I certify that I have personal knowledge that the information given is accurate.

Signature of customer requesting disconnect: _____

LOCK DATE: _____

MAIL FINAL TO: _____

A copy of the driver's license will be required if e-mailing or faxing this form to us. The fax number is (740) 533-6089. The e-mail address is: chowell@ironton-ohio.com

If you have any questions, please don't hesitate to contact us at (740) 532-3353

