

Stewartville Water Authority

65 Coosa County Road 150
Sylacauga, AL 35151
Phone: 256-245-0214
Fax: 256-249-2536

CUT-OFF CONTRACT

Date: _____

Name: _____

Service Address:

Forwarding Address:

New Phone:

Please cut my meter off on _____. If my deposit does not cover my Final Bill, I will be responsible for payment in full on within 30 days after the final bill date.

() HOLD DEPOSIT – I WILL PAY FINAL BILL.

Customer Signature

FOR OFFICE USE ONLY:

Account #: _____

Customer #: _____

Meter #: _____

PREVIOUS READING

DATE

FINAL READING

DATE