

**Village of Ilion
Water Department
49 Morgan Street
Ilion, NY 13357**

Notice to Disconnect Water Service

NOTE: WE DO NOT PERFORM DISCONNECTS ON FRIDAY

I, _____ (please PRINT clearly), now receiving
Water at:

_____ Street/Avenue, Apt. No. _____,

hereby request that this service be **discontinued** on _____

Are you selling this property and in need of a final reading? Yes / No (circle one)

Are you on Auto Credit Card? Yes/No (circle one)

After the date given for my disconnect, you are hereby directed to send record of last (final reading) and statement of my account to:

ALL INFORMATION BELOW IS MANDATORY

FORWARDING ADDRESS:

Street _____

Date _____

City, State _____

Social Security No. _____

ZipCode _____

Driver's License No. _____

Signature _____

Telephone No. _____