



CENTRAL HAMPSHIRE P.S.D.  
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## REQUEST FOR DISCONTINUATION OF SERVICE

I DO HEREBY REQUEST THAT SERVICE BE DISCONTINUED IN MY NAME  
AT THE ADDRESS LISTED BELOW.

CUSTOMER REQUEST ( )

TERMINATION ( )

TODAYS DATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FORWARDING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**I AGREE THAT ANY AND ALL CHARGES INCURRED UP TO AND  
INCLUDING THE ABOVE DATE AT THIS SERVICE ADDRESS ARE MY  
RESPONSIBILITY AND I AGREE TO PAY SAID CHARGES.**

CUSTOMER SIGNATURE: \_\_\_\_\_

UTILITY REPRESENTATIVE \_\_\_\_\_