

City of Sulphur Water Department

utilities@sulphur.org

P.O. Box 1309 Sulphur, LA 70663

337-527-4522/FAX 337-527-6813

ACCOUNT CLOSURE

_____ **CANCEL SERVICE**

_____ **COLOR COPY OF ID ATTACHED**

TODAY'S DATE: _____

DATE REQUESTED: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

BELOW: PLEASE PROVIDE YOUR NEW MAILING ADDRESS FOR POSSIBLE REFUND OR FINAL BIIL

_____	_____	_____	_____
Address	City	State	Zip

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CUSTOMER SIGNATURE: _____

By signing this I am acknowledging the cancellation of my account and that I will receive a final bill that will be **SEPARATE** from my current monthly bill. The final bill will be due within 30 days of receipt to avoid being sent to collections and facing collection fees of 25% or greater. Your final bill will be sent to the new mailing address you provided above.

Payment options – www.sulphur.org // 337-607-0702

DO NOT WRITE BELOW THIS LINE

DEPOSIT AMT: _____ FINAL READING: _____

Comments: _____

COMPLETED BY: _____ CUSTOMER # _____ LOCATION #: _____