

TOWN OF ATLANTIC BEACH

125 WEST FORT MACON ROAD ATLANTIC BEACH, NORTH CAROLINA

REQUEST FOR DISCONNECTION OF WATER SERVICE

NAME	
SERVICE ADDRESS	
ACCOUNT NUMBER	
I am requesting that the water account be closed in my name effective as of	(date).
Complete if sold: Name & address of new owner	
Complete if renter: Name & address of property owner	
MAILING ADDRESS FOR FINAL BILL	
Sign:	
Phone no:	
Date:	

Fax 252-726-7603