

**SOUTH CAMDEN WATER & SEWER DISTRICT**  
**REQUEST FOR SERVICE DISCONNECTION**

Date of Disconnection: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Contact Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Refund Rental Deposit \_\_\_\_\_

Transfer Deposit To: \_\_\_\_\_

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Verified Customers ID & attach copy:** \_\_\_\_\_