Saint Paul Municipal Utilities

106 N. Webster St., P.O. Box 235 Saint Paul, IN 47272 765-525-7631

Email: stpaulclerktreas@tds.net

DISCONTINUED/TEMPORARILY HOLD OF SERVICE REQUEST

5.000,		-
Account Number:	Permanently _	Temporary
DISCONTINUANCE PERMANANTL	Y	
ļ, <u></u>	, request that the water servic	e located at
	to be permanently discontin	ued on
(Service Address of Water Customer)	,,	(Date)
Please send the final bill to the following addr	ess:	
(Address)		
(City)	(State)	(Zip)
(Service Address of Water Customer)	request that the water servic	ued on (Date)
Please be advised that even though your water may be temporarily shut off you will continue to receive a monthly billing for sewage fees. I expect to return to the above service address on		
(Date)		
(Signature)	(Printed Name)	(Date)
(Phone Number)		
	FOR OFFICIAL USE ONLY	
Date request received in STPU Off Date water service was turned off Work completed by		;