

# Providence Water Supply Disconnect Form

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

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Own: \_\_\_\_\_ Renting: \_\_\_\_\_ Purchasing: \_\_\_\_\_

Date to Disconnect: \_\_\_\_\_

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

---

Office Use:

Route: \_\_\_\_\_ Sequence Number: \_\_\_\_\_

Meter Serial Number: \_\_\_\_\_

Meter Reading: \_\_\_\_\_