



CITY OF WEST WENDOVER

P.O. BOX 2825, WEST WENDOVER, NV 89883, (775) 664-3081 Telephone, (775) 664-3720 Fax

"The City of West Wendover is an Equal Opportunity Provider"

REQUEST FOR DISCONNECTION OF WATER AND OTHER UTILITY SERVICES

I _____, authorize the Public Works Department of the
City of West Wendover to disconnect the Water and terminate other utility services at the following location
_____, on this date _____

Forwarding address: _____

By signing this agreement for disconnection of water and other utility services, I agree that I will inform the City of West Wendover who the new property owners will be, if known to me. Also, by signing this agreement I will pay any and all outstanding balances that have incurred during my ownership of the above property.

AT ANY TIME WHEN FREEZING WEATHER MAY OCCUR, ALL WATER PIPES AND APPLIANCES SHOULD BE DRAINED TO PREVENT DAMAGE TO YOUR PROPERTY. WE ACCEPT NO LIABILITY FOR SUCH DAMAGE WHEN YOUR SERVICE HAS BEEN SHUT OFF.

NOTICE: Anyone requesting a disconnect, after 3:00 P.M., will be forwarded to the next business day.

Water Customer or Owner Signature

Date of Signature

Received By

Date Received