



CITY OF WALKER
204 GREENE ST.
PO BOX 161
WALKER, IA 52352
(319)448-4359

REQUEST TO TERMINATE WATER, SEWER, & GARBAGE

Address of service to be terminated: _____

Reason for termination: _____

SHUT OFF REQUEST DATE: _____

METER READING(S): Inside meter: _____ Outside meter: _____ Date: _____

CONTACT INFORMATION:

Name: _____

Mailing Address (*New address if moving*): _____

City: _____ State: _____ Zip code: _____

Phone number where you can be reached: _____

I agree to pay the final balance for water, sewer and garbage services. If a deposit is held on the account, the deposit will be refunded upon payment in full of the final bill.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

DATE OF FINAL READING: _____ DATE FINAL BILLING MAILED _____

FINAL BILLING AMOUNT DUE: _____ DATE FINAL BILLING PAID IN FULL: _____

CUSTOMER DEPOSIT ON FILE: _____ REFUND AMOUNT DUE: _____