DISCONNECT ORDER

STE. GENEVIEVE MUNICIPAL WATER AND SEWER DEPARTMENT 165 SOUTH $\mathbf{4}^{\text{TH}}$ STREET – STE. GENEVIEVE, MO 63670

DATE:	
CUSTOMER NAME:	
CUSTOMER'S ADDRESS:	
DATE ON WHICH DISCONNECTION IS TO OCCUR:	
Bill of When biscortizenor is to occur.	
FORWARDING ADDRESS (for refunds)	
TORWARDING ADDRESS (for fertilities)	
I HEREBY REQUEST THE STE. GENEVIEVE MUNICIPAL WATER AND SE	WED
DEPARTMENT TO DISCONNECT THE WATER AND SEWER SERVICES AT	
ADDRESS GIVEN ABOVE.	IHE
ADDRESS GIVEN ABOVE.	
Customer Signature	
Customer Signature	
Date	