

# DISCONNECT ORDER

STE. GENEVIEVE MUNICIPAL WATER AND SEWER DEPARTMENT  
165 SOUTH 4<sup>TH</sup> STREET – STE. GENEVIEVE, MO 63670

DATE:

CUSTOMER NAME:

CUSTOMER'S ADDRESS:

DATE ON WHICH DISCONNECTION IS TO OCCUR:

FORWARDING ADDRESS (for refunds)

I HEREBY REQUEST THE STE. GENEVIEVE MUNICIPAL WATER AND SEWER DEPARTMENT TO DISCONNECT THE WATER AND SEWER SERVICES AT THE ADDRESS GIVEN ABOVE.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date