Lancaster
WATER UTILITY

Request to Stop Water/Sewer Service

Notification to Municipal Billing Specialist is due 1 week prior to stop service date

Date for stop service: _____ ☐ Tenant ☐ Owner: _____

Account Number: _____

Service address: _____

Name(s) on Bill: _____

SSN:_____ Dr. License #:_____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Forwarding Mailing Address: _____

I, _____, the owner of (agent for) or tenant of the property stated above, hereby informs the Lancaster Water & Sewer Department that the person named above is moving and the final bill should be sent to the forwarding address as listed.

LANDLORD/MANAGER OR TENANT: _____
(circle one) Please sign (print name clearly after signature)

RETURN TO: LANCASTER WATER & SEWER DEPARTMENT
206 S. MADISON ST.
LANCASTER WI 53813
PHONE: 608-723-6225
FAX: 608-4789
jennyo@lancasterwisconsin.com

REMINDER: NOTIFY POST OFFICE OF ADDRESS CHANGE OR THEY WILL NOT DELIVER MAIL