

City of Lancaster
Request to Stop Water/Sewer Service

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

Tenant
 Owner: _____

Date for stop service: _____

Account Number: _____

Service address: _____

Name(s) on Bill: _____

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**