

**LOCUST GROVE PUBLIC WORKS AUTHORITY**

**TERMINATION OF SERVICE**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Service  
Address \_\_\_\_\_

Address for  
refund \_\_\_\_\_

Requested date for shut off \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINAL BILL CALCULATIONS (For office use only)**

Meter # \_\_\_\_\_

Previous reading \_\_\_\_\_ Final reading \_\_\_\_\_

Gallons used \_\_\_\_\_

Water charge \_\_\_\_\_

Sewer charge \_\_\_\_\_

Trash charge \_\_\_\_\_

Current balanced owed/credit \_\_\_\_\_

Deposit amount \_\_\_\_\_

Amount due/credit \_\_\_\_\_

Refund PWA \_\_\_\_\_ Check # \_\_\_\_\_

Refund Customer \_\_\_\_\_ Check # \_\_\_\_\_

PWA Signature \_\_\_\_\_ Date \_\_\_\_\_