

CITY OF CHILLICOTHE UTILITIES DEPARTMENT  
35 S. Paint Street, Suite A  
Chillicothe, OH 45601  
740-773-2191; Fax 740-773-2192

**VOLUNTARY TERMINATION REQUEST**

Account No. \_\_\_\_\_ Date to shut water off \_\_\_\_\_

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

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I. Request for Voluntary Termination of Water Service.

A. The address at which water service is to be terminated is a

\_\_\_\_\_ (1) Single family residence

\_\_\_\_\_ (2) Duplex/triplex

\_\_\_\_\_ (3) Apartment building

\_\_\_\_\_ (4) Non-residential building

B. Reason for termination:

\_\_\_\_\_ (1) The address at which service is terminated is completely unoccupied.

\_\_\_\_\_ (2) Other reasons, explain \_\_\_\_\_

II. Required Certification for Termination.

Under penalty of perjury and to induce the City of Chillicothe, to terminate water service to the address listed herein, I certify that I have personal knowledge that the information given herein is accurate. I further certify that each service address affected by the requested termination either is unoccupied or, if occupied, that an adult consumer actually residing at each service address affected must sign up for service, with proper identification, before a Water Department employee at the Water Department.

X

Customer requesting termination \_\_\_\_\_ Date \_\_\_\_\_