

Application for Service **Disconnection** with Pioneer Rural Water District

Applicant Information

Customer Name: _____

Service Address: _____

Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Rental Property: Yes No

Forwarding Information

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Other Phone Number: _____

Check one:

___ Temporary or ___ Permanent Disconnection

Date of Disconnection: _____

Customer accounts must be paid in full at the time of disconnection in requirement to receive the membership fee refund.

Customer Signature _____ Date: _____

Employee Signature _____ Date: _____