

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

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Forwarding Information

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

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Check one:

\_\_\_\_ Permanent Disconnection

Date of Disconnection: \_\_\_\_\_

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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: \_\_\_\_\_