



APPLICATION TO DISCONTINUE SERVICE

Complete and return this form with all
required documents and information to:

Scott County PSA
156 Legion Street
Weber City, VA 24290
276-386-3401

OFFICE USE ONLY

Received: ____/____/20____

☐ Water ☐ Sewer

☐ Residential ☐ Non-Residential

Account No. _____

Meter No. _____

Disconnected: ____/____/20____

Scanned: ☐ Staff initials: _____

Please mark the appropriate boxes and fill in the required blanks:

Account number:				
Discontinue:	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer		
Reason:	<input type="checkbox"/> Moving	<input type="checkbox"/> Customer deceased	<input type="checkbox"/> Have other water supply	<input type="checkbox"/> Other
Name on account:	First:	Middle:	Last:	
Service address:	Street:		City:	State/Zip:
Required security information for account holder:	Date of birth: / /		Social Security Number:	
	Driver's license:		State:	Number:
If not the account holder, I am the:	<input type="checkbox"/> Executor of estate, <u>and</u> <input type="checkbox"/> Certificate of Qualification is attached		<input type="checkbox"/> Person in charge of the account, <u>and</u> <input type="checkbox"/> Proof I am & that account holder is unavailable is attached.	
If not the account holder:	<input type="checkbox"/> Show photo ID when deliver application		<input type="checkbox"/> Attach copy of photo ID if mailing	
Do you pay bill by bank draft?	<input type="checkbox"/> Yes, I pay using automatic bank draft (ACH)		<input type="checkbox"/> No, I pay using other methods	
Final bill address:	Street/POB:		City:	State/Zip:
Telephone Nos.:	Primary:		Secondary:	

I hereby request that service be discontinued as described and certify that the above information is correct.

Printed Name: _____

Signature: _____ Date: ____/____/20____

IF THIS IS A RENTAL PROPERTY: Owner name _____ Phone _____

SCPSA will disconnect the service within 5 business days after the date the SCPSA office receives this application.