



**City of Lewisburg
942 Washington St, West
Lewisburg, WV 24901**

**304-645-2080
FAX 304-645-2194**

Discontinuance of Water Service

I, _____, hereby request to have water service
Print Name
disconnected in my name at, _____. My account
Physical Address
number is _____. This will be done on _____.
Date

My forwarding address information is **(failure to provide this information will delay any refund of final charges being mailed to you):**

Customer Signature

(Please return completed form to Lewisburg City Hall or email to pbostic@lewisburg-wv.org)