



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 **(If this information isn't listed this will delay any refund or final charges being mailed to you):**

Customer Signature