



**CITY OF CLANTON  
WATER WORKS & SEWER BOARD**

PO BOX 580  
205-755-1105 PHONE  
205-755-7650 FAX

**WATER CLOSURE AUTHORIZATION FORM**

Last Name:	First Name:	Date:
Water Service Address (Print Below)		
Forwarding Address (Print Below)		
Account Number:	Date of Disconnection:	<input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Rental
Home and/or Cell Phone Number:		

*I, as a landowner or renter, hereby request the City of Clanton Water department to discontinue water service at the service address specified herein.*

*I understand all outstanding balances must be paid prior to my deposit being refunded.*

*I understand my account will have a final billing cycle. The amount of the final bill shall be deducted from my water service deposit. The remaining funds, if any, shall be mailed to the forwarding address specified herein.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Water Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Amount on File \$ \_\_\_\_\_ Deposit Applied to balance amount \$ \_\_\_\_\_

Deposited Refunded Amount of \$ \_\_\_\_\_ Date applied/refunded: \_\_\_\_\_