

**WATER CUT OFF REQUEST**

CITY OF MCCOMB P.O. BOX 667 MCCOMB, MS 39648-0667

PHONE 601-684-5491 FAX 601-249-0696

**TLAMBERT@MCCOMB-MS.GOV** IF YOU EMAIL ME & DO NOT GET A RESPONSE, I DID NOT RECEIVE YOUR EMAIL AND YOUR ACCOUNT WILL NOT BE CLOSED OUT!!

NAME ON ACCOUNT \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

DATE YOU WANT THE WATER SERVICE CUT OFF X \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEW MAILING ADDRESS**

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

YOUR SIGNATURE X \_\_\_\_\_

**PLEASE FILL OUT ALL THE HIGHLIGHTED AREAS. WE CAN'T PROCESS YOUR REQUEST UNTIL YOU DO SO. IF YOU ARE DUE A REFUND IT WILL TAKE 4-6 WEEKS**

ACCT# \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_