



## SYRACUSE CITY UTILITY DEPT.

1787 South 2000 West  
Syracuse, UT 84075  
801-825-1477

### Water Disconnect Request

Utility Account # \_\_\_\_\_

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Forwarding  
Address \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code	Tel. Number
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Reason for disconnect request \_\_\_\_\_

Date Vacating \_\_\_\_\_

Home Loan Closing Date \_\_\_\_\_  
(If applicable)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ yr.

Occupant Signature \_\_\_\_\_

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(If renting)  
Landlord Signature \_\_\_\_\_

Landlord Address \_\_\_\_\_  
City Zip Code

Landlord Tel. Number \_\_\_\_\_