

**SMYTH COUNTY WATER AND SEWER DEPARTMENT**

121 Bagley Circle Suite 113 Marion, VA 24354  
276-783-3298 ext. 8328 or 8329 Fax 276-783-8314

**CUT OFF/DISCONTINUE SERVICE**

Acct. # \_\_\_\_\_

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

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cutoff Address: \_\_\_\_\_

Send Final Bill to: \_\_\_\_\_

Date to Cutoff: \_\_\_\_\_ Reason for Cutoff: \_\_\_\_\_

**Temporary Cutoff** (Will still receive minimum bill)  **Discontinue Service & Billing** (Will no longer receive bill)

\*Sign and Date Below

\*\*Signature must be notarized in Step 2.

\* \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed, including any outstanding/delinquent balances by the Smyth County Water and Sewer Department.

**\*\* Step 2**

By signing this document, I hereby certify that I no longer wish to have the water and/or sewer service located at the cutoff address listed above and request for it to be permanently discontinued.

I do fully understand that if in the future I, or any future owners of this property, should ever request water and/or sewer service for this location from the Smyth County Water and Sewer Department, I/they will be required to fill out a new application, pay the deposit and application fee for water and sewer each, according to the Water and Sewer policy and fee structure in place at the time of any re-establishment of service.

\_\_\_\_\_  
Property Owner

Commonwealth of Virginia

County of Smyth to wit:

The foregoing was duly signed and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

By \_\_\_\_\_ in my State and County aforesaid.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_

For Office Use Only:

Book No. \_\_\_\_\_

Employee: \_\_\_\_\_

Meter Reader: \_\_\_\_\_

Service #: \_\_\_\_\_

Final Ending Read: \_\_\_\_\_

Cutoff date: \_\_\_\_\_