

# Greene Township Municipality

## Request for Termination of Water and Sewer Service

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

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

City, State Zip: \_\_\_\_\_

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

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

City, State Zip: \_\_\_\_\_

New Phone Number: \_\_\_\_\_

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

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For Office Use only

Meter reading: \_\_\_\_\_

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