



City of Salem, West Virginia

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APPLICATION TO DISCONNECT CITY SERVICES

Today's Date: _____

Name on Account: _____

Service Address: _____

Forwarding Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Rent (☐) Own (☐)

If Renting: Property Owner's Information

Name: _____

Address: _____

Phone Number: _____

DATE REQUESTED TO DISCONTINUE CITY SERVICES: _____

CUSTOMER DEPOSIT (IF APPLICABLE) TO BE APPLIED TO FINAL BILL

YES ____ CUSTOMERS INITIALS: _____

MAIL CUSTOMER SECURITY DEPOSIT (IF APPLICABLE) TO FORWARDING ADDRESS

YES ____ CUSTOMERS INITIALS: _____

CUSTOMERS SIGNATURE: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____