

**CITY OF BRYANT WATER DEPARTMENT**

**DISCONNECT FORM**

**(501) 943-0441 Telephone**

**(501) 943-3410 Fax**

waterbilling@cityofbryant.com **Email**

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

Account Number (If known) \_\_\_\_\_

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

Disconnect Service and Refund my Deposit **(24 hour notice required)**

Landlord Account – Place on Inactive Status but do not disconnect

Sprinkler Meter – Place on Inactive Status but do not disconnect

Date to be Disconnected: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

<b>For Office Use Only</b>
_____ Work Order #
_____ Date completed