



Request to Terminate Service

Town of Santee
Water & Sewer Department
803.854.2152 ext. 205

I _____, request to have water/sewer services
Customer's Name

disconnected at _____ as of _____.
Physical Address Date

Please forward final bill to:

Customer's Signature

Date

Office Use Only

Account # _____

Date Finalized _____

Work Order # _____

Final Bill Date _____

Water Deposit Refund

Sewer Deposit Refund

Received by: _____

Date: _____