



TOWN OF NORWAY

PO Box 127

8403 Savannah Highway

Norway, South Carolina 29113

Phone: (803) 263-4300 / Fax: (803) 263-4114

REQUEST FOR DISCONNECTION OF WATER SERVICES

Name: _____

SSN: _____

Date service is to be disconnected: _____

Service Address: _____

Address where service is to be disconnected

Final bill will be sent to the below listed address:

Mailing Address: _____

Phone No: _____

I agree to pay all services in full after disconnection.

Signature: _____

Date: _____

Office Use Only

Account No.: _____

Meter Reading _____

Date: _____