

City Of Headland **Water Works and Sewer Department**

REQUEST TO CANCEL SERVICE

Please	complete	all	information	below	the	en email	t	he
completed	d form to	water@h	eadlandalabama.	org. You	will b	oe contacted	by	a
Customer	Service Repr	esentative	if additional info	rmation is	needed	d.		
Customer	Name (as it i	s shown o	n account):					
Last 4 digi	ts of Custom	er SS#:						
Current Se	ervice Addres	ss:						
Requested	d Cancellatio	n Date:						
Name of P	erson Submi	itting Requ	est:					
Contact Pl	hone Numbe	r:						
Forwardin	ıσ Address (ro	equired to	process request)	*.				
. o. warani	8 / (44) 633 (1)	equiled to	process request,	•				
*PIFASF N	OTF: If a refun	idahle deno	sit was paid on this	s account nl	ease allo	ow un to eight (8)	wee	ks for fina
		•	posit to be applied	•				
customer w	vill be mailed t	to the forwa	arding address prov	vided on this	s form.			

PLEASE CLICK ANYWHERE INSIDE THIS BOX TO SAVE A PDF COPY OF THE COMPLETED FORM.

We look forward to serving you!