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**DEPARTMENT OF PUBLIC WORKS  
WATER / SEWERAGE DIVISION  
2951 GREENFIELD DEARBORN, MI 48120**

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## **REQUEST TO DISCONNECT WATER SERVICE**

**DATE OF REQUEST:**

**LOCATION / ADDRESS:**

**PERSON REQUESTING DISCONNECTION:**

**SIZE AND NUMBER OF SERVICES:**

**I REQUEST THE CITY OF DEARBORN WATER & SEWERAGE DIVISION TO DISCONNECT THE WATER SERVICE AT THE LOCATION INDICATED ABOVE FROM THE WATER MAIN IN THE CITY RIGHT-OF-WAY. I UNDERSTAND THAT THIS SERVICE WILL NOT BE RECONNECTED IF IT IS A LEAD WATER SERVICE, OR IF IT IS DETERMINED BY THE CITY OF DEARBORN TO BE UNDERSIZED FOR ANY SUBSEQUENT BUILDING RECONSTRUCTION.**

**I ALSO UNDERSTAND THAT ALL DISCONNECTION FEES WILL BE THE RESPONSIBILITY OF THE PROPERTY OWNER AND PLACED ON THE FINAL WATER BILL. AFTER THE METER HAS BEEN REMOVED AND RETURNED TO THE CITY METER SHOP AT THE DEPARTMENT OF PUBLIC WORKS, THE DISCONNECTION WILL BE PERFORMED BY WATER OPERATIONS PERSONNEL. ONCE THE SERVICE HAS BEEN DISCONNECTED, THE ACCOUNT WILL BE CLOSED AND NOT RE-OPENED OR REINSTATED.**

**IF A REQUEST FOR WATER SERVICE TO THIS PROPERTY IS SUBMITTED FOLLOWING THIS DISCONNECTION, A NEW ACCOUNT WILL BE ESTABLISHED WITH ALL THE RELATED FEES AND CHARGES. I UNDERSTAND THERE WILL BE NO EXCEPTIONS.**

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**PROPERTY OWNER SIGNATURE**

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**DATE**

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**CSR SIGNATURE**

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**DATE**