



STOP SERVICE AGREEMENT SEWER & TRASH SERVICES

ACCOUNT # _____ SERVICE STOP DATE: _____

ACCOUNT HOLDER _____
LAST NAME FIRST NAME

SERVICE ADDRESS: _____
(MOVING FROM)

NEW ADDRESS: _____
(WILL BE MOVING TO)

HOME # _____ CELL # _____

EMAIL: _____

I AGREE THAT I HAVE SEWER SERVICES PROVIDED BY THE CITY OF GREENWOOD, MO AND THAT I AM RESPONSIBLE FOR ANY AND ALL AMOUNTS BILLED TO ME BY THE CITY OF GREENWOOD, MO. I AGREE IF THE CITY SHOULD HAVE TO FILE SUIT FOR ANY PAST DUE SEWER BILLS, THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY FEES, AND COURT COSTS, INCLUDING FILING FEES. ANY FRAUDULENT INFORMATION GIVEN BY THE APPLICANT COULD BE CAUSE FOR TERMINATION OF SERVICE.

SIGNATURE

DATE