



For Office Use only
Account Number _____

VILLAGE OF WONDER LAKE
WATER DEPARTMENT

WATER SERVICE DISCONTINUATION FORM

DATE _____

NAME _____ ADDRESS _____

MAILING ADDRESS _____

HOME PHONE NO. _____

ALTERNATE PHONE NO. _____

Discontinuation water service date _____

Resume water service date _____

*(Must be a minimum of 90 days)

Reason for discontinuance _____

I, _____ agree to have my water service discontinued during the above listed days and understand that my water bill will be reduced by \$10.00 per month during that time period. Any recorded water use during the above period (unless agreed to by the village of Wonder Lake) will result in a forfeiture of the reduced rate.

Residents Signature _____

Village Representative _____