



# TURN OFF SERVICE form

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**Thank you for allowing us to serve you. To turn off your water or wastewater service, please provide the following information.**

*\*All fields are required.*

**PLEASE ALLOW TWO (2) BUSINESS DAYS BEFORE YOU WANT SERVICE TURNED OFF.**

**\*Date you want the service out of your name (MM/DD/YY):** \_\_\_/\_\_\_/\_\_\_

**\* Your 12-digit account number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**\* Account holder's name**

**\*Last Name:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_

**\*Address where the service is located:**

\*Address Line 1: \_\_\_\_\_

\*Address Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

**\* Password on your account** (the last 4 digits of your Social Security Number): \_\_\_\_\_

**\* Daytime telephone number where the account holder can be reached** (incl. area code): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**\* Mailing address to send the final bill:**

\*Address Line 1: \_\_\_\_\_

\*Address Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Please send the completed form to us in one of the following ways:

- E-mail:** [turnoff@swwc.com](mailto:turnoff@swwc.com)
- Fax:** (832) 209-5395
- Mail:** SouthWest Water Company, Customer Care Center  
12535 Reed Rd., Sugarland, TX 77478