

ANTHONY WATER & SANITATION DISTRICT
1155 N FOURTH ST/P.O. BOX 1751
ANTHONY, NM 88021
(575) 882-3922 Fax (575) 882-3925

I _____ hereby

request a Disconnect/Discontinue service at

_____ on this date: _____ . I

agree to allow an Anthony Water & Sanitation District employee to inspect this dwelling for water/sewer usage on any workday, between 8:00a.m. and 5:00p.m.

I fully understand the AWSD's water/sewer ordinance and policies and the provision for violation(s) of the same. There will be a final reading that will be deducted from your deposit (if applicable) as well as any other pending balances.

I will notify the Anthony Water & Sanitation District prior to resuming use of the water/sewer at the above address.

Customer's Signature

Date

Billing Clerk's Signature

Date