

*VILLAGE OF PECATONICA*

405 Main Street      P.O. Box 730  
Pecatonica, IL      61063-0730  
Phone: 815-239-2310      Fax: 815-239-1060

**Application for TERMINATION of Services**

Name(s) as they appear on the water bill and account number: (please print)

\_\_\_\_\_

Address at which Termination is requested:

\_\_\_\_\_ Pecatonica, IL 61063

Date requested for termination: \_\_\_\_\_  
(Meters will not be read on Saturday, Sunday or Legal Holidays)

Forwarding Address to send the final bill:

\_\_\_\_\_

New Owner if Selling Property: \_\_\_\_\_

Closing Agent or Realtor's Name and Phone # \_\_\_\_\_

If Rental please list Landlord's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: The billing will stay in your name until the new owner has signed up for services. It will be your responsibility to see that the new owner comes in or contacts us for service.**

**(If it is a rental property it will be put back in the landlord's name)**

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(Office Use)

Date of Termination: \_\_\_\_\_ Final Reading: \_\_\_\_\_