



DISCONNECT SERVICE REQUEST

Name: _____

Address of Service to Disconnect: _____

Date of Disconnect: _____

Forwarding Address for Deposit Refund: _____

Phone Number: _____

Email Address: _____

Please fill out the form in its entirety and mail it to

PUNKIN WATER ASSOCIATION

P.O. Box 114

Oxford, MS 38655

Or via email: punkinwaterassoc@gmail.com