

**TOWN OF WOLFEBORO**  
**WATER & SEWER DEPARTMENT**  
**TERMINATION OF WATER/SEWER REQUEST**

**PO BOX 772**

**WOLFEBORO NH 03894-0772**

**(603) 569-8150/8183/8158**

**FAX # (603) 569-8167**

\_\_\_\_\_  
**Property Owner**

\_\_\_\_\_  
**Property Location**

\_\_\_\_\_  
**Meter #**

\_\_\_\_\_  
**Account #**

I hereby authorize the Wolfeboro Water/Sewer Department to terminate the Water and/or Sewer service on \_\_\_\_\_  
DATE

A reconnection fee will be required to reinstate the service. This does not include any fees for upgrades or changes in the existing service and Sewer customers will still be obligated for monthly fees unless otherwise noted from Water/Sewer Department. New meter locations/installations must be approved prior to installation of construction service.

I agree to the terms listed above on this application and authorize the Wolfeboro Water/Sewer Department to terminate the service.

\_\_\_\_\_  
**PROPERTY OWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**