



City Of Headland
Water Works and Sewer Department

REQUEST TO CANCEL SERVICE

Please complete all information below then email the completed form to license@headlandalabama.org. You will be contacted by a Customer Service Representative if additional information is needed.

Customer Name (as it is shown on account): _____

Last 4 digits of Customer SS#: _____

Current Service Address: _____

Requested Cancellation Date: _____

Name of Person Submitting Request: _____

Contact Phone Number: _____

Forwarding Address (required to process request)*: _____

**PLEASE NOTE: If a refundable deposit was paid on this account please allow up to eight (8) weeks for final bill charges to be posted and the deposit to be applied against the account. Any refund due to the customer will be mailed to the forwarding address provided on this form.*

PLEASE CLICK ANYWHERE INSIDE THIS BOX TO SAVE A PDF COPY OF THE COMPLETED FORM.

We look forward to serving you!