



*City Of Headland*  
**Water Works and Sewer Department**

**REQUEST TO CANCEL SERVICE**

Please complete all information below then email the completed form to [permits@headlandalabama.org](mailto:permits@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!*