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# NORTH COVINGTON WATER ASSOCIATION, INC.

## REQUEST TO CLOSE ACCOUNT

DATE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ADDRESS OF ACCOUNT TO CLOSE:

\_\_\_\_\_

MAIL REFUND OR FINAL BILL TO THE FOLLOWING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

PHONE # \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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*INTERNAL USE ONLY:*

REQUEST RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

S# \_\_\_\_\_ FINAL READING: \_\_\_\_\_

LOCKED BY: \_\_\_\_\_ REMOVE FROM DRAFT \_\_\_\_\_

REMOVE FROM NEXBILL \_\_\_\_\_

PLEASE EMAIL REQUEST TO:  
[ncwa0131@att.net](mailto:ncwa0131@att.net)