



Stop Service Request – Renter(s)

Please complete this application and e-mail it to waterdepartment@morrisil.org within 30 days of your lease date.

Application Date: _____ Lease End Date: _____

Service Address: _____

Occupant's Name: _____ Occupant's Phone: _____

Co-Occupant's Name: _____ Co-Occupant's Phone: _____

New Address: _____

Occupant's Email: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

I hereby request to stop water/sewer/garbage service at the address indicated above. I agree to pay all bills and service charges in accordance with City Ordinances. I know it is my responsibility to settle my account before I leave this property. This account will not be settled **until a final water meter reading has been taken by the City of Morris Water Department.** I guarantee that the above information is complete and correct to the best of my knowledge. I give the City permission to verify any of the above information.

Signature: _____ Date: _____

Signature: _____ Date: _____

If you have any questions, please call (815) 942-4026 or e-mail waterdepartment@morrisil.org.