

# *Sedalia Water Department*

111 West 4th Street  
Sedalia, MO 65301

## Turn Off Service Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Account #: \_\_\_\_\_ Turn off Date: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_