

Somerset County Sanitary District Inc.  
11916 Somerset Ave., RM 216  
PO Box 326  
Princess Anne, MD 21853  
410-651-3831  
410-651-5420 - fax

**REQUEST FOR DISCONNECTION OF WATER SERVICE**

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address of Property \_\_\_\_\_

Are there tenants or other occupant present on the Property? YES / NO

If yes, provide contact name and number for those present on Property:

\_\_\_\_\_

Has a judicial eviction of such tenants/occupants been obtained? YES / NO

If yes, attach copy of court order.

Requested date of disconnection \_\_\_\_\_

I do solemnly declare and affirm under penalties of perjury, and of personal knowledge, that the information provided herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Record Property Owner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
LLC's and Corporations

\_\_\_\_\_  
Printed Name and Title

\$35.00 FEE IS DUE AT TIME OF REQUEST