

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