19 E. Chicago Ave. | Hinsdale, IL 60521
Main: 630-789-7000

WATER SERVICE TERMINATION REQUEST- MOVING OUT

PLEASE ALLOW AT LEAST FIVE DAYS PRIOR TO A CLOSING FOR A FINAL METER READING

Account Number: _____ Name of Customer Moving Out: _____

Service Address: _____

Telephone #: _____ Email address: _____

Forwarding Address: _____

_____

Are you selling this property? _____ If YES, provide Buyer's Name(s) _____

AND Closing Date _____

Were you renting this property? _____ If YES, provide Landlord's Name _____

AND Lease End Date _____

I, _____ hereby state, under oath, that the above facts are true and correct to the best of my knowledge.

Signature of Customer: _____ Date: _____

IF YOUR CLOSING DATE CHANGES, OR IS CANCELLED, PLEASE E-MAIL OUR OFFICE IMMEDIATELY AT UTILITYBILLING@VILLAGEOFHINSDALE.ORG

If you participated in the Auto-Pay program, your participation will be turned off after the Final Bill is paid.

Please email this request to UtilityBilling@VillageofHinsdale.org, or you may drop it off at:

Village of Hinsdale - Village Hall
19 East Chicago Avenue
Hinsdale, IL 60521
Office Hours: Monday - Friday, 9:00 a.m. to 4:00 p.m | 24 hr Drop Box next to Main Entrance

Office Use Only

Account# _____ CID# _____ Meter _____ Final Read _____