

STOPPING OR DISCONNECTING SERVICE

		PLEASE PRIN	IT ALL INFORMATION	
Date Stopping/Discon	<u></u>			
NO ⁻	TE: FORM MUST BE S	SUBMITTED TH	IREE (3) WORKING DAYS PRIC	OR TO STOP DATE
Customer Name:				
Service Address:				
City:			Zip Code:	
Daytime Phone Numb	er:			
Requestor is the:	Owner	Renter	Property Manager	Rental Agent
MAILING ADDRESS FOR CLOSING BILL:				
Mailing Address:				
City:			Zip Code:	
Comments:				

Please mail, e-mail, or fax a completed form to:

MAIL:

Board of Water Supply Call Center 630 South Beretania Street Honolulu, HI 96843

E-MAIL:

customerservice@hbws.org

FAX:

(808) 550-5566