

**APPLICATION FOR TERMINATION OF  
SANITARY SEWER SERVICE  
ORDINANCE NO. 123, CHAPTER 18, PART 2, S21**

1. **DATE:** \_\_\_\_\_
2. **APPLICANT'S NAME:** \_\_\_\_\_
3. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **TELEPHONE NO.:(\_\_\_\_\_) \_\_\_\_\_**
5. **LOCATION OF PROPERTY WHERE SEWER SERVICE IS TO BE TERMINATED:**  
\_\_\_\_\_  
\_\_\_\_\_
  - a. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
  - b. **TAX PARCEL NO.:** \_\_\_\_\_
6. **CONTRACTOR NAME & PHONE NO.:** \_\_\_\_\_
7. **REASON FOR TERMINATION OF SEWER SERVICE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **DATE SEWER SERVICE IS TO BE TERMINATED BY CAPPING OF LINE:**  
\_\_\_\_\_
9. **THE UNDERSIGNED APPLICANT AS OWNER OR DULY AUTHORIZED AGENT FOR OWNER CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT AND FURTHER CERTIFIES:**
  - a. **The property for which sewer service is to be terminated will no longer be occupied for purposes requiring sanitary sewer services; and,**
  - b. **The property has been vacated and the building thereon boarded, locked or demolished.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_  
**BY** \_\_\_\_\_

**FEE \$100.00 (Make check payable to B.R.S.A) DATE PAID:** \_\_\_\_\_

**CAPPING AND INSPECTION: DATE COMPLETED:** \_\_\_\_\_