



BELIZE WATER SERVICES NOTIFICATION OF CLOSURE OF ACCOUNT

I _____, at Service Address: _____ being responsible for **Account #** _____ hereby request that my account with the _____ branch of **BWS** be terminated effective _____ and that the final bill be sent as indicated below. My reason for requesting the closing of this account is: _____.

I do not have any/ have the following other* accounts with BWS: _____

Mailing Address to send final bill and/or refund cheque: _____

Special Instructions regarding final bill and/or refund: _____

I understand and therefore sign below in consent that any deposit I have on this account will be applied to my final balance on this account and to any other of my account(s) with balance and if there is any remaining credit after these amounts are deducted it will be refunded within 30 days of my final bill. I also acknowledge and understand that I am responsible for any remaining debit balance on my account (s).

Customer Signature: _____ **Date:** _____

CUSTOMER SERVICE DEPARTMENT USE ONLY – Verification of Balances

Date Service Installed:

Account Name:

| | | | |
|----------------------------|--|---------------------------|--|
| Initial Deposit Amount: | | Date: | |
| Additional Deposit Amount: | | Date: | |
| Total Deposit Amount: | | Date of Final Bill: | |
| Account Balance: | | Other Account Nos. | |
| Other Accounts Amt: | | Refund Amount Due: | |

Prepared by: _____ Date: _____

Verified by: _____ Approved by: _____

ACCOUNTS DEPARTMENT USE ONLY - Payment Details

Verified by: _____ Date: _____

Cheque or Voucher No.: _____ Bank Name or Petty Cash: _____

ACKNOWLEDGEMENT OF RECEIPT OF REFUND

Name of Recipient: _____ Identification: _____

Signature: _____ Date received: _____

Issued by: _____

Customer Service Representative

* - delete clause that does not apply