



P.O. Box 203
Lakeview, AR 72642
Phone: (870) 431-8777
Emergency After Hours (870) 736-6108
Fax: (870) 431-8707
lpwa@hotmail.com

Date: _____

Re: Cancellation of water service at the following address:

LMPWA Account # _____

Effective Date: _____

This is written notice to request the cancellation of water service to the above address.

I understand that water will be shut off to the above residence and that any deposit I may have will be credited to my final bill. Any refund I have should be sent to:

If also understand that if I would like to re-establish water service, I will have to personally come into the office to fill out a new application, provide a copy of my driver's license or state issued ID, legal proof of ownership, and pay the current deposit and service fees in affect at the time of my application.

Water can only be turned on Monday through Friday between the hours of 8 am – 3 pm (and excluding holidays).

Printed Name: _____

Signature: _____