VILLAGE OF WONDER LAKE
WATER DEPARTMENT
WATER SERVICE DISCONTINUANCE FORM

DATE________________________

NAME________________________ ADDRESS ____________________________

HOME PHONE NUMBER_____________

OUT OF STATE CONTACT PHONE NUMBER ____________________________

DISCONTINUE WATER SERVICE DATE __________ _* __________________

RESUME WATER SERVICE DATE __________ _* __________________

*(MUST BE A MINIMUM OF 90 DAYS)

REASON FOR DISCONTINUANCE _______________________________________

I, ______________________________ AGREE TO HAVE MY WATER SERVICE DISCONTINUED
DURING THE ABOVE LISTED DAYS AND UNDERSTAND THAT MY WATER BILL WILL BE
REduced BY $10.00 PER MONTH DURING THAT TIME PERIOD. ANY RECORDED WATER USE
DURING THE ABOVE PERIOD (UNLESS AGREED TO BY THE VILLAGE OF WONDER LAKE) WILL
RESULT IN A FORFEITURE OF THE REDUCED RATE.

RESIDENT SIGNATURE ______________________________

VILLAGE REPRESENTATIVE ____________________________

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