



BUCKSKIN SANITARY DISTRICT

P O Box 5398

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www.buckskinsanitarydistrict.org

Board of Directors:

Robert Troxler Gary Hansen Gary Svider William Risen Shelly Rohde

REQUEST TO TERMINATE SERVICES

You must provide proof that your water has been shut off and submit said proof with this request.

Account Number: _____ - _____ - _____

Service Address: _____

Name on Account: _____

Reason You Wish to Terminate Service:

- ☐ Property Has Been Condemned
- ☐ Property Has Been Sold
- ☐ I Was A Tenant & Am Relocating

Have You Turned Your Water Off? ☐ Yes ☐ No

If so, what date was water turned off? ____/____/____

Is a copy of the disconnection attached? ☐ Yes ☐ No

New Address:

(Final Billing)

Contact Phone Number: _____ - _____ - _____

Name of Person Requesting Shut Off: _____

Effective Date of Shut Off: ____/____/____

Signature of Account Holder

____/____/____
Date

For Office Use Only:

Date Request Received: ____/____/____ By: _____

Date Request Processed: ____/____/____ By: _____