

ROOSEVELT COUNTY WATER COOP
1700 S AVE D
PORTALES NM 88130
575-356-6808
575-359-1569

WATER SERVICE DISCONNECT AUTHORIZATION

DATE: _____

ACCT NO: _____

MEMBER NAME: _____

SERVICE ADDRESS: _____

By signing this document, I authorize the Roosevelt County Water Coop to disconnect service to my account on _____. I understand I will be charged for water usage and that my deposit will be used to finalize my account.

Signature of Member

FORWARDING ADDRESS: _____

