**Request to Inactivate Sprinkler Service**

All fields must be filled out to process this request

**Account #:**

**\*Required - Request will not be processed without customer account number provided.**

**Account Holder Name:**

**Service Address**:

**Contact Phone:**

**Date Services to be Inactivated:**

*As the customer requesting this account be inactivated from City of Goshen Utilities, I am signing that I am in agreement with the details outlined on this request form and wish to have this executed on the date stated.*

**Customer Signature: Date Requested**

Submit the completed document to the Utility Business Office by mail, email at [watersewer@goshencity.com](mailto:watersewer@goshencity.com) or by fax to (574)533-6961.

\*This request form is for Sprinkler Services only.

\*Please note that if usage is detected on the water meter after this request is received the account will be reactivated and monthly billing statements will resume.