



# Stop Service Form

## Fond du Lac Water Utility

Return Form:  
109 N Macy St  
Fond du Lac, WI 54935  
[fdlwater@fdl.wi.gov](mailto:fdlwater@fdl.wi.gov)  
(920) 322-3680

Where do you want to stop service? **Address:** \_\_\_\_\_ Fond du Lac, WI

**Stop Date** \_\_\_\_\_ What Type of Service are you stopping?  Residential  Commercial

Do you own, rent, or manage this location?  Own  Rent  Landlord/Property Manager

**If Rent**, Landlord/Management Co. Information: Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**If Selling**, Title Company Information: Name \_\_\_\_\_

Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City, State

### Account Holder Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Identification Number:

Driver's License Number: \_\_\_\_\_  Identification Card Number: \_\_\_\_\_

SSN \_\_\_\_\_  Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

### Account Holder Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Identification Number:

Driver's License Number: \_\_\_\_\_  Identification Card Number: \_\_\_\_\_

SSN \_\_\_\_\_  Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

### Business Account

Business Name \_\_\_\_\_ Tax ID \_\_\_\_\_ - \_\_\_\_\_

Business Number: (\_\_\_\_) \_\_\_\_\_ Business Email: \_\_\_\_\_

#### Contact Individual:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name Last Name Owner, Accounts Payable, Maintenance, Manager, Etc.

**Forwarding address? Mail to:** (If credit exists on a closed water account, refund check will be mailed to this address, overages will not be applied to a new/existing account)

**Go Paperless** - Elect to have your Final Invoice Emailed to: \_\_\_\_\_

Registration of email address at <https://myaccount.fdl.wi.gov/user/login> is required for this feature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If completing on Behalf of Account Holder, Representative Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_



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**OFFICE USE ONLY:**

DATE RECEIVED \_\_\_\_\_ METHOD RECEIVED:  Email  Mail  In-Person  Drop Box

PROCESSED DATE \_\_\_\_\_ BY: \_\_\_\_\_

APPROVED \_\_\_\_\_ SERVICE FORM IN C2M:  YES OR  NO, REASON: \_\_\_\_\_

\$25 FINAL READ FEE POSTED:  YES OR  NO, REASON: \_\_\_\_\_

NOTES: