CITY OF BELLEVUE
Utilities Department
P.O. Box 90012 Bellevue, WA 98009-9012

DISCONNECTION OF WATER/SEWER SERVICE # _____

APPLICANT INFORMATION

Date _____

Owner's Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Service Address _____ City _____

Legal Description _____

_____

_____ KC# _____

DO NOT WRITE BELOW THIS LINE

As-Built Page _____

Service Size: Water _____ Sewer _____

Utility Billing Account #: _____ Meter Number _____ Initials _____

INSPECTION INFORMATION

☐ Check service for re-use _____ _____
Signature, Water Maintenance Date

Side Sewer Abandoned/Capped _____ _____
Signature, Sewer Maintenance Date

Contractor: _____

Comments: _____

_____

_____

FINAL APPROVAL

Comments: _____

_____

Development Section _____ _____
Signature Date

ROUTING: White - Sewer Maintenance; Yellow - Water Maintenance; Pink - Demo./Aband. File