



Final Bill Request Form

Name on Account: _____ Account #: _____

Name of Person making request: _____

Address: _____

Is deposit to be transferred to another location in Farmville? YES NO

If so, please provide address where deposit should be transferred to:

_____ Farmville, VA 23901

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-Forwarding Info-

Phone Number: _____ Email Address: _____

Forwarding Address: _____

Date for service to be disconnected ___/___/___ Date request is being made ___/___/___

Forms must be received by no later than 12 noon the day of turn on, any forms received after that will be processed the next business day

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Refunds are processed through **ACH Direct Deposit**, please provide current bank information below. An email notification will be sent, and funds should be received within 14 days.

Checking Account Savings Account

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Email required for ACH Direct Deposit: _____

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By signing this form, I certify that I am the person responsible for the above listed water/sewer bill. Furthermore, I acknowledge all the above information to be correct to the best of my knowledge. I understand that water/sewer service will be disconnected on _____ at the address listed above. I acknowledge that I am legally responsible for the payment of this bill and agree that the statute of limitations shall not bar any efforts to collect any balance here under.

Signature: _____ Date: _____

Please return completed form with any applicable deposit to the Town of Farmville Treasurer's office:
In office: 116 N. Main St, Farmville VA 23901, Drop-box located on the front of the building.
Mail: P.O. Drawer 368, Farmville VA 23901 Email: Finance@farmvilleva.com By Fax: 434-392-6135
Please call the Treasurer's office with any questions 434-392-333