



New Ellenton Commission of Public Works

Account Suspension Form

Date: _____ Account #: _____

Account Name: _____

Service Address: _____

Phone Number: _____

Date suspension to start: _____

Date suspension to end: _____

Reason for suspending acct: _____

Email address: _____

****A \$40.00 reconnect fee will be added to the first bill received after the end of the suspension date and will return to the normal billing cycle. If you return earlier than the date listed on this form, you must notify the New Ellenton CPW office no later than 4:30pm in order to have services restored on the same day.**

Customer Signature: _____