



STOP SERVICE REQUEST FORM – COMMERCIAL

Complete this form online, print and sign it, then either mail or fax it to the Las Vegas Valley Water District's Customer Service Division (see instructions below).

Fill in fields online before printing.

Legal Business Name:	(If partnership provide name of highest ranking official)		Tax ID Number:	
AND If Tax ID Number is Social Security Number, provide last 4-digits only and Date of Birth			/	/
Business Owner Name: First		Last		
Contact Name: First		Last		
Type of Business:		Is this a Medical Facility:	YES	NO
Business Hours:				
Primary Telephone: ()		Business Owners Telephone: ()		
Service Address:		Suite/Unit:		
City:	NV	Zip Code:		-
Mailing Address:	Same as above	Different Address (Fill out below)		
Street Address:		Suite/Unit:		
City:		State:		Zip Code: -
Phone number to reach you at today: ()				
Requested disconnection date (mm/dd/yyyy):		/	/	
Print Name Of Authorized* Company Representative:				
Signature of Authorized* Company Representative:	_____			

TO SUBMIT THIS FORM:

Mail to: Las Vegas Valley Water District
Customer Services Division MS #680
1001 S. Valley View Blvd.
Las Vegas, NV 89153

Fax to: (702) 258-7165

NOTE: Please allow 5 business days to process this request. If you have questions, please call **Customer Services** at **(702) 870-4194** or toll-free at **(800) 252-2011**.

**Authorized representative must be listed as a contact person with the LVVWD.