

**PUBLIC WATER SUPPLY DISTRICT NO. 3 OF JOHNSON CO.  
OUTPROCESSING FORM  
(Photo ID Required)**

**106 SE 421 RD  
WARRENSBURG, MO. 64093  
E-mail: admin@pwsd3.com**

**Voice: 660-429-2494**

Date of shut off desired: \_\_\_\_\_ Acct #: \_\_\_\_\_

Renter **YES** [ ] Landlord: \_\_\_\_\_

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

Current Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Phone: \_\_\_\_\_

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