



# 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:	
<b>AND</b> If Tax ID Number is Social Security Number, provide last 4-digits <b>only</b> 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.