

CITY OF VALLEY SPRINGS

DISCONTINUE WATER/SEWER SERVICE

NAME: _____

ADDRESS: _____

**FORWARDING
ADDRESS:** _____

PHONE: _____

MOVE OUT DATE: _____

SIGNATURE: _____

Your **Water Deposit** will be deducted from your final bill. Any refund will be mailed to your forwarding address.

Thank you,

City of Valley Springs
PO Box 118
Valley Springs, SD 57068

Phone: 605-757-6555
Email: vspringscity@alliancecom.net
www.cityofvalleysprings.com