

FOR OFFICE USE ONLY

Date Received: _____ Account Number: _____



UTILITY TERMINATION REQUEST

Customer Name: _____ Utility Acct# _____

Service Address: _____

Own: _____ Rent: _____ If renting, Owner's Name & Phone number: _____

FORWARDING INFORMATION

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Phone #(s): _____

Services to be Terminated (PLEASE ALLOW 3 WORKING DAYS FROM DATE REQUESTED):

Transfer/Closing Date: _____ Disconnect Date: _____

Water: _____ Garbage: _____ Recycling: _____ Secondary Water: _____

Garbage Service: Yes No If yes, how many cans? _____

Recycling Service: Yes No If yes, how many cans? _____

Note: Please Provide City with a copy of Closing Documents

- YOU MAY LEAVE EMPTY CONTAINERS ON THE STREET TO BE PICKED UP -

Signature: _____ Date: _____

Final Meter Reading date: _____

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Water Reading: _____

Garbage and Recycling containers count: _____