

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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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Final Meter Reading date: \_\_\_\_\_

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Water Reading: \_\_\_\_\_

Garbage and Recycling containers count: \_\_\_\_\_