Termination of Utility Services

Turn Off _____ Turn On _____

Date to discontinue services: _____

Account Number: _____

Name on Account: _____

Service Address: _____

Forwarding Address: _____

Comments: _____

Customer Signature: _____ Date: _____

For Office Use Only

Deposit Released: _____ Document Scanned: _____ Final Account: _____

Clerk Initials: _____ Date Completed: _____