UTILITY SERVICE DISCONNECTION REQUEST

TYPE OF ACCOUNT

◯ RESIDENTAL ◯ COMMERCIAL

Deposits will be applied to final balance and final balance will reflect refund as payment
Refunds will be sent in 7-14 business days
Temporary disconnections will not be final billed

SERVICE DISCONNECTION DATE

____/____/_____

TEMPORARY DISCONNECT: Yes_____ No_____

Service Address: _____

Account Number: _____

ACCOUNT HOLDER INFORMATION

Name: _____
(Business Name)

Mailing Address: _____

Phone Number(s): _____-_____-_____

CO-ACCOUNT HOLDER INFORMATION

Name: _____

Mailing Address: _____

Phone Number(s): _____-_____-_____

Continued on next page

I, the undersigned, hereby make my application to the City of Tombstone for utility services and agree to disconnection of services. If account has a final balance, I agree to pay amount owed on final bill sent after disconnection. Failure to pay, will result in account being turned over to collections and subject to 15% fee.

_____

Utility Applicant Signature and Date

_____

Utility Co-Applicant Signature and Date

_____

Utility Clerk Signature and Date

CITY USE ONLY:

City Official Initials and Date: _____

Utility Clerk initials and completion date: _____