CITY OF WOLFE CITY

CUSTOMER DISCONNECT REQUEST

Request date: _____

Acct # _____

Customer Name: _____

Address: _____

Customer requested disconnect date: _____

Forwarding address for final bill: _____

_____

_____

Apply deposit to final bill Yes_____ No _____

Customer Signature: _____

EMPLOYEE USE ONLY

Employee disconnecting service:
Current Meter Reading:
Meter serial #:
Date of Disconnect:

NOTES: _____

_____

Final Bill Date: _____

Processed by: _____