EAST Dubuque

Application for **Termination** of Services

Name(s) as appeared on bill _____
(Last) (First) (M)

_____
(Last (First) (M)

Address at which Termination is requested _____
(Street) (Apt.)

Forwarding Address for Final Bill _____
(Street/P.O. Box) (City) (State) (Zip)

Date Termination Requested ___/___/___ **Final Reading** _____ (Office Use)

New Owner if Selling Property _____
(Name) (Address) (Phone)

Landlord _____
(Name) (Address) (Phone)

Applicant(s) _____ Date _____
(Please sign here)

It is your responsibility to notify the City 30 days prior to moving. You are responsible for all charges incurred while services are in your name. In the event that the City would have to commence legal proceedings against you to collect unpaid monies, you will be responsible for any legal fees, court costs and sheriff's costs.

185 Wisconsin Ave • East Dubuque, IL 61025
Phone: 815.747.3416 • Fax: 815.747.2973