



For office Use Only Acct #: _____ Date Received: _____

UTILITY TERMINATION REQUEST

Customer Name: _____ Utility Acct# _____

Service Address: _____

Own: _____ Rent: _____ If renting, Owner's Name & Phone number: _____

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 Document for Date

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Final Meter Reading date: _____ Water Reading: _____