

## **Request for Termination of Service**

Please send request at least 48 hours in advance.

Name:	Date of request:
Utility Account number:	
Service Address:	
is any deposit remaining, a check will l not a deposit on your account, your fi	ount, the deposit will be applied to your final bill. If there be mailed to the provided forwarding address. If there is nal bill will be mailed to the provided forwarding address.
Final meter reading:	
Denosit refund (if any):	