



Request for Termination of Service

Please send request at least 48 hours in advance.

Name: _____ Date of request: _____

Utility Account number: _____

Service Address: _____

Forwarding Address: _____

Phone number: _____

Date of termination: _____

Signature: _____

If there is a deposit on your utility account, the deposit will be applied to your final bill. If there is any deposit remaining, a check will be mailed to the provided forwarding address. If there is not a deposit on your account, your final bill will be mailed to the provided forwarding address.

----- Office use only -----

Final meter reading: _____

Deposit refund (if any): _____