



REQUEST FOR TERMINATED SERVICES

DATE _____

ACCOUNT NUMBER _____

NAME _____

ADDRESS _____

FORWARDING ADDRESS _____

DATE SERVICES TO BE TERMINATED _____

TERMINATION REQUESTED BY _____

METER NUMBER _____

METER READING _____

DEPOSIT ON ACCOUNT _____
BALANCE ON ACCOUNT _____
FINAL BILL DUE _____
REFUND OR BALANCE DUE _____