



REQUEST TO DISCONNECT SERVICE

Today's Date: ___/___/_____ Date Utilities are to be Disconnected: ___/___/_____

Location Information:

Your account number (if you know it): _____

Property Address:

New mailing address (If different from the property listed above):

Which utilities are you disconnecting? (Please circle all that apply): Water Sewer Gas Garbage

Do you want your deposit applied to your final bill or placed on hold? (Please circle one): Apply / Hold

Account holder's information (as it appears on license or Government issued ID):

Name: _____

DOB (MM/DD/YYYY): ___/___/_____

Social Security Number: ___/___/_____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Signature: _____

Date: ___/___/_____

***Please remember to bring or provide a copy of your driver's license or Government issued ID with you when disconnecting service.**