



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 check all that apply): Water Sewer Gas Garbage

Do you want your deposit applied to your final bill or placed on hold? 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.**