



## Application for **Disconnection** of Utility Services

<b>Customer Name(s):</b>	
<b>Service Address to be disconnected:</b>	
<b>Forwarding Address for Final Bill:</b>	
<b>Phone:</b>	<b>Date Disconnection of Service requested:</b> (*48 Hour notice required)
<b>E-mail:</b>	
<p>If <b>Owner</b>, complete below:</p> <p>Meter required to be removed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type of use? Residential <input type="checkbox"/> Commercial <input type="checkbox"/></p>	<p>If <b>tenant</b>, complete below:</p> <p>Owner's Name: _____</p>
<p><b>Disconnection of Utility Service Required:</b></p> <p><b>Electric</b>    Yes <input type="checkbox"/>    No <input type="checkbox"/>    If No selected, give reason: _____</p> <p><b>Water/Sewer</b>    Yes <input type="checkbox"/>    No <input type="checkbox"/>    If No selected, give reason: _____</p>	

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name)

FINANCIAL SERVICES USE ONLY:	
Date:	
Service Order #:	
Balance Owing:	
Completed By:	
Tech Serv/Munc Serv (yes or n/a):	