



Request of Termination of Water, Sewer, or Gas Service

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|-----------------------------|--|--------|------------|-----------|--|
| Date of Termination: | | | Account #: | | |
| Service address: | | | | | |
| Account holder's name: | | | | | |
| Forwarding mailing address: | | | | | |
| City: | | State: | | Zip code: | |
| Contact phone number: | | | | | |

After your services are disconnected, a final reading will be taken. On the final billing cycle, if a deposit still remains on the account it will be applied to the final bill. If a refund is available after the final bill, you will be mailed a check with the remaining balance.

Signature: _____

Date: _____

| OFFICE USE ONLY | |
|-----------------------|--------------------------|
| Application taken by: | Application received on: |
| Final reading: | Final read date: |
| Work order #: | |