

DISCONTINUE UTILITIES SERVICE

End Service Date		Account Number_	
Requested By		· · · · · · · · · · · · · · · · · · ·	
Service Address			
Forwarding Address			
Phone Number	E-l	Mail	
Driver's License: State	Number	Ex	xpiration
Apply deposit to final bill?	Yes	No	
Trash Bin Available? Yes	No	Recycling Bin Available?	Yes No
I, the undersigned, hereby auth understand any amounts not co receiving invoice. Any balance	overed by my depos	sit on record will be due and pa	ayable immediately upon
Signature		Date	
*******		**************************************	********
Final meter reading		Date read	
	UTILITIES C	CHECK REQUEST	
	Origina	al Deposit Amount	
	Amount	Owed on Account	· · · · · · · · · · · · · · · · · · ·
		ort Due to Customer OR nce Owed to City	
		- 	
Requested by		Approved by	