



DISCONNECT

SERVICE REQUEST

LOCATION INFORMATION

(PLEASE PRINT)

City Account: # _____

Business

Residence

Location Address: _____

Name on Account: _____

Phone: _____

Alt. Phone: _____

Mailing Address: _____

CHOOSE ONE

If disconnecting a SPECIFIC SERVICE
(Select service/s to disconnect)

Elec.

Gas

Water

Sec. Light

Cable

Internet

Phone

FINAL BILL (Moving or Closing account - ALL services off)

DEMOLITION (Pull meters & lines from house)

Disconnect date

_____ ** It may take up to 3 days for cut offs & final bills to be completed.

_____X
Initial

(I certify that everything I have stated on this application is true to the very best of my knowledge and I authorize the disconnection of service at the above stated location.)

Customer Signature: _____ Date: _____ Time: _____

OFFICE USE ONLY	WORKORDERS & NOTES
Taken by: _____ Completed by: _____	