

REQUEST TO TERMINATE UTILITY ACCOUNT

DATE: _____

ACCT. # _____

ALL _____ Electricity _____ Water _____ Nat. Gas _____ Trash _____ Pole Lgt. _____

Service Address: _____

Name on Account: _____

Billing Address: _____ City/State/Zip _____

Forwarding Address: _____ City/State/Zip _____

Telephone (Where you can be reached after today): _____ Alternate Phone: _____

Permanent Disconnect: Requested Date of Disconnect _____

Disconnect will occur as soon after the requested disconnect date as work load will allow. Customer will be responsible for all usage until actual disconnect. Customers deposit will be applied to the final bill and any excess will be refunded. If the deposit is not sufficient to satisfy the bill, you will receive a statement for the balance. Your original service connection fees are not refundable.

Temporary Disconnect: Requested effective date of Temporary Disconnect: _____

Disconnect will occur as soon after the requested disconnect date as work load will allow. Customer will be responsible for all usage until actual disconnect. Your deposit will be held until you request a permanent disconnect. You will be subject to service connection fees if you reinstate your utility service.

Remove Name as Responsible Party (Application on file has additional responsible party):

Deposit will not be refunded. Meter will not be read out. The requesting party will not be released for his or her payment obligation until the statement representing usage for the billing period in which this request was made has been paid in full (i.e. the billing statement containing the next meter reading following the date hereof). The requesting party will not be released if she or she continues to be a resident of at the service address. Credible evidence that the requesting party had established a residence at another location will be required.

Remove Name as Responsible Party (Prior application does not have an additional responsible party):

Service must be terminated in accordance with "Permanent Disconnect" above. A new application will be required from the current resident, along with the connection fees.

Transfer Deposit to: _____ at the above service address. (NOT AVAILABLE IF SERVICE ADDRESS IS DIFFERENT.) Your deposit will be transferred to the new account holder above, contingent upon full and timely payment of your final utility billing. If not paid timely, the deposit will be applied to your payment of your final utility billing. If not paid timely, the deposit will be applied to your final bill and the new account holder will be notified and required to immediately post a new deposit to prevent disconnection of service.

Signature _____

Signature _____

Received on: _____

Comment on Deposit Card _____

Update Billing _____

Send copy to billing address if removing responsible party or transferring deposit.

Completed in Computer by: _____ Date: _____