



DISCONTINUATION OF UTILITY SERVICES

DATE: _____

CURRENT SERVICE ADDRESS:

NAME: _____

ADDRESS: _____

CLOSING SERVICE DATE: _____

FORWARDING ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

SOCIAL SECURITY NUMBER: _____

OWNER/TENANT

NAME: _____

ADDRESS: _____

SIGNATURE OF PERSON REQUESTING DISCONTINUATION

For Office Use Only

Acct: _____

Water Off: _____

Reading: _____

Deposit: _____

Level of Garbage Service: _____

By: _____