



Disconnect Request

Disconnect services at (address): _____

Requested by: _____ Date of disconnect: _____

Driver's License # _____ Phone (Home/Mobile): _____

Forwarding Address for final bill: _____
Street/P.O. Box City State Zip

To be requested only by the person that the services are rendered to, an affidavit or death certificate is permissible.

- ___ Explanation of final bill and deposit
- ___ Forwarding address and phone number
- ___ Make work order to remove dumpster/totter

CUSTOMER SIGNATURE
Signature certifies that the items above were
Explained in full detail by utility representative

EMPLOYEE SIGNATURE
Signature certifies that the items above
were explained to the customer in full detail

Date

Date

Utility Account Number

NOTE: IF YOU ARE SENDING THIS REQUEST BY FAX OR BY MAIL INCLUDE A COPY OF A VALID FORM OF IDENTIFICATION.

AVISO: SI USTED ESTA MANDANDO ESTE FORMA POR FAX O CORREO, FAVOR

DE INCLUIR UNA COPIA DE SU IDENTIFICACION.