



**Utilities Department  
Disconnect Request**

Utility Acct # \_\_\_\_\_

Disconnect services at (address) \_\_\_\_\_

Requested by \_\_\_\_\_ Date of disconnect \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

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

*\*Place copy of photo identifications below\**

**\*Form must be filled out by account holder(s), current valid identification(s) will be required as proof\***

**For Office Use Only:**

Request Received by: \_\_\_\_\_ Date \_\_\_\_\_ Change Processed by: \_\_\_\_\_ TCM: \_\_\_\_\_