SHUTOFF/TERMINATION REQUEST



Account Name:		Account#:
Service Address:		
Forwarding/Mailing Address:		
City, State, Zip:		
Telephone Number:		
Please disconnect as of:		_ (Date must be within 48 hours of filing this request.)
For the following reason:		
 understand I will be response be required upon re-connection I was the home owner and a (Settlement statement attached) 	home is vacated and one is ble for monthly base to be a set on the property of	residence. does not require services to be on. I e rate fees, and a re-connection fee will operty Closing Date: y authorize and request the shut off of the
	n.	
Signature		Date
	For City Use On	
Request received on:		
Transfer	Disconnect	
Final Water Meter Reading:		_
Garbage Tote Removal: YES	S NO	_
New Account Name:		Acct#:
Comments:		