



Utilities Disconnect Form

Utility account number: _____

Applicant(s) name on Utility Account: _____

Service address: _____

Last four digits of applicant(s) Social Security Number: _____

Requested Date for Disconnection: _____

Forwarding Address (Street, City, State, Zip Code):

Applicant(s) phone number: _____

Applicant(s) signature:

For Office Use Only

Date of received request: _____

Date of completed disconnection: _____

Employee name: _____

Employee signature: _____