Account #:

Today's Date:

You must be the main account holder to disconnect your City Utilities
You must provide a copy of your government issued picture identification card.

Request For Disconnection of City Utilities

Last Name: | First Name: | MI:

Government ID#, Issuing State and Type:

Service Address:

Forwarding Address:

Email Address:

Date of Disconnection

Customer requested disconnections, service shall not be disconnected on holidays or weekends, or the day immediately preceding a holiday or weekend.

Date of Disconnection Requested:

I, _____, do hereby affirm and certify that I have the right and ability to

Disconnect Service at _____ .
(Service Address)

_____ (Initial) I agree to pay the balance in full, including all penalties and late fees associated with this service address/account.

_____ (Initial) I agree that once my account balance has been paid, my finalized bill will be deducted out of my deposit.

_____ (Initial) I agree that if there is still an outstanding balance on my account after finalization, I will be billed the outstanding amount and my finalized statement will be mailed to my forwarding address.

_____ (Initial) I agree that if I have a credit on my account after finalization, the credit will be mailed to me in the form of a check to my forwarding address.

LANDLORD ONLY: Hold deposit until further notice? ☐ YES ☐ NO

Printed Name | Date:

Signature:

For Office Use:

Entered By: | Date: | Service Order #: