

## **Disconnect Notice for Utilities**

Requested Disconnect Date	(M-F):	
Name on Account:		
Phone Number:		_
Email Address:		
Current Service Address:		
Forwarding Address:		
City:	State:	Zip Code:
•		ecycle carts, please pull e your official move out
Signature:		Date:
Please email	<u>l to utilitybilling@</u>	@ <u>aledotx.gov</u>
	FOR OFFICE USE	ONLY

Account Number:\_\_\_\_\_

DATE:\_\_\_\_\_

ACCEPTED BY:\_\_\_\_\_