



**Request For Disconnection Of Service**

Date \_\_\_\_\_

Account# \_\_\_\_\_

I, \_\_\_\_\_, do hereby affirm and certify that I have the right and ability to Disconnect Service at \_\_\_\_\_ .  
(Service Address)

\_\_\_\_\_ 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.  
(Initial)

Date To Be Disconnected \_\_\_\_\_

Forwarding Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

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

FOR OFFICE USE ONLY
Entered Into System By:
_____
On:
_____/_____/_____