



Utility Billing Office  
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# Utility Service Disconnect

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u ) Account \_\_\_\_\_ Disconnection Date \_\_\_\_\_

**Customer's Name**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Service Address** \_\_\_\_\_ City \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone # Cell \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Work Order # \_\_\_\_\_ Date \_\_\_\_\_