



Disconnection Request Form

Disconnect Date: _____

Account Number: _____

Customer Name: _____

Contact Phone Number: _____

Disconnect Address: _____

Forwarding Address: _____

Customer Signature: _____

Date: _____

Office Use Only

Date of Request: _____

Request Made Walk-In: _____ Other: _____

Verified ID _____

Ending Meter Reading: _____