

**Service Disconnection**

**Disconnect Date:** \_\_\_\_\_ **\*\*Payment for current balance due at time of Service Disconnection**

<b>Name:</b> _____	
<b>Phone#</b> _____	<b>Email</b> _____
<b>DL#</b> _____	<b>Date of Birth</b> _____

<b>Disconnect/Final Service</b>		
<b>Utility Account #</b> _____		
<b>Service Address:</b> _____		
<b>Forwarding Address:</b> _____		
<b>Forwarding City</b> _____	<b>Forwarding State</b> _____	<b>Forwarding Zip</b> _____
<b>** Highlighted fields must be completed</b>		

**For Office Use Only:**

<b>Meter#</b> _____	<b>Final Read</b> _____	<b>WO#</b> _____
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**There will be a final bill for service for base rates and usage through the disconnection date.  
 Your deposit will be applied to the final bill and any past due balance.  
 You will be refunded any remaining amount of the deposit.  I agree**

**\*\*All Delinquent Accounts will be sent to McCreary, Veselka, Bragg & Allen, P. C. Attorneys at Law.**

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