

# TERMINATION OF UTILITY SERVICE

FOR OFFICE USE ONLY
Acct #: _____
Read Date: _____
Meter Read: _____
Final Balance: _____

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

Property Owner /Tenant \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

Mail Final Bill To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Tenant:

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

\_\_\_\_\_

Property Owner's Phone Number \_\_\_\_\_

Final Reading Date: \_\_\_\_\_