

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: _____