

## Service Termination Request

Moving or closing your account? Submit this form to request disconnection. You remain responsible for charges until the Town is notified and a final read is taken.

Account #	Service Address
_____	_____
Customer Name	Phone
_____	_____
Email	Forwarding Address (for final bill/refund)
_____	_____
Requested Final Service Date (MM/DD/YYYY)	
_____	

I request termination of utility service at the address above and acknowledge responsibility for charges through the final read.

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

**For Office Use Only**

Final Read	Date	Time	By
_____	_____	_____	_____
Balance Due / Refund	Bill #	Processed By	Date
_____	_____	_____	_____