

DISCONNECTION REQUEST FOR SERVICES WITH THE CITY OF COLOME

DATE _____ DATE SERVICE IS TO END _____

NAME _____ ACCT #: _____

SERVICE ADDRESS _____ LANDLORD: _____

PHONE _____

FORWARDING ADDRESS _____

Deposit Refund Checks will be mailed to this address. Checks are not printed for less than \$5.

The undersigned customer requests that their utility services from the City of Colome are to be discontinued as of the requested date listed above. I will be responsible for all bills and charges at this service address until the requested disconnection date as listed above.

☐ I understand that if I do not pay my last utility invoice my Deposit will go towards the balance due on my account.

☐ I understand that my deposit refund will not be sent to me until my account is at a \$0.00 Balance

SIGNATURE _____

DATE _____

CITY EMPLOYEE _____

DATE _____