



## Termination Of Service

Account Termination Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

(For same day cutoffs, request must be submitted before 2:30p.m.)

(There are no turnoffs on Saturdays or Sundays.)

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

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\*\*\*OFFICE USE ONLY\*\*\*

Account # \_\_\_\_\_

Entered by: \_\_\_\_\_

Forwarding address entered

Deposit Refunded