

Customers will receive a final bill based on the meter reading taken upon receipt of the termination request.

Service Address: _____
Street City State Zip Code

Account Termination Date & Time: _____ (9:00am, 1:00pm, 4:00pm)

Account Holder Name: _____
(Please Print) (Must be on Account)

Social Security #: _____ ID #: _____ State: _____

Forwarding Address: _____
Street City State Zip Code

Phone Number: _____

Landlord Name (if rental): _____

Address: _____
Street City State Zip Code

Phone Number: _____

Service can only be terminated on normal business days between 9:00am and 4:00pm.

Customer Signature

Date

FOR OFFICE USE ONLY

Consumer ID #: _____

Final Meter Reading: _____

Received By: _____