



SERVICE DISCONNECT REQUEST

CUSTOMER NAME: _____

PHONE: _____ EMAIL: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTED DATE OF DISCONNECT: _____

Account must be paid in full before service can be transferred to the new owner/customer.

FORWARDING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Moving within our District?

Please complete a new application if you are moving within our District. If your final balance is a credit, then it will automatically transfer to your new account.

SIGNATURE: _____ DATE: _____