



Utility Services Disconnection

To: Data Entry Utilities and Water Department

Name: _____ Phone # _____

Account #: _____

Apply meter deposit to final bill: Yes No

Service Address: _____

Mailing Address: _____

Date of Disconnection: _____

Final Reading: _____

Signature: _____ Date: _____

Emailed for trash: ____

Angel, Morris

Out of system: ____ Cart there: ____ No cart: ____ Cart picked up: ____ Cart picked up by: _____