

CITY OF LOBELVILLE

UTILITY SERVICE TERMINATION REQUEST FORM

Customer Information

Name: _____ Account Number: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Termination Details

Type of Utility (check all that apply):

☐ Water

☐ Gas

Requested Termination Date: ____ / ____ / ____

(Please allow at least 3-5 business days for processing.)

Forwarding Information for Final Bill

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Reason for Termination (optional)

Authorization

I hereby request the termination of utility services at the address listed above. I confirm that I am authorized to make this request and understand that I am responsible for all usage and charges up to the termination date.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____