



SERVICE DISCONTINUANCE REQUEST FORM FOR VACATING

Please Check:

Owner

Tenant

Account Number: _____

Full Name on Account: _____

Service Address: _____

If your mailing address for the closing bill is different from the service address, please fill out the following:

Mailing Address: _____

Phone: _____
 Home Cell Work

Email: _____

Pursuant to District Rules and Regulations, Article 1301, any customer who desires to have his/her service discontinued shall notify the District at least two (2) business days prior to the effective date.

NOTE: Any outstanding balance must be paid prior to service discontinuance.

Stop Service Date: _____
Discontinuance hours are Monday – Friday from 8 am to 3 pm

Reason for Discontinuance: _____

Print Name

Signature

Date

METHOD OF PAYMENT FOR FINAL BILL:

District Automatic Debit (Customer must already be enrolled in Automatic Debit Program)

Mail in payment

For Office Use Only

Request Received: _____

Prior Balance: _____

Work Order Created: _____

Completed: _____