

File Date: _____

Entered in FMS



For Office Use Only:

Disconnect Date: _____

Final Bill Month: _____

Requested Disconnection Form

Today's Date: _____

Account Name: _____

Service Address: _____

Forwarding Address: _____

OWNER: If owner, who is purchasing property? _____

RENTER: If renter, who is landlord/new renter? _____

I understand that all charges on my account must be paid in full or the charges due will be deducted from my deposit (if available)

Signature of account holder

Date Requesting Disconnection

For Office Use Only:

Account Number: _____

Final Meter Reading: _____

Amount due to Town: _____

Refund Amount: _____

Special Instructions: _____

Customer Services Representative

Date