

Town of Oakboro

Requested Disconnection Form

For Office Use Only:

Disconnect Date: _____

Final Bill Month: _____

Today's Date: _____

Account Name: _____

Service Address: _____

OWNER If owner, who is purchasing property? _____

RENTER If renter, who is the landlord? _____

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

Signature of person requesting release

Date Requesting Disconnection

Forwarding address

(For Office Use Only)

Account Number: _____ *Service Address:* _____

Final Meter Reading: _____

Amount Due to Town *Refund Amount* \$ _____

Special Instructions _____

Utility Services Representative

Date