

Application to Disconnect Utilities

Name of Owner: _____

Civic Address to Disconnect: _____

Forwarding Address: _____

City/Town _____ Postal Code _____

Phone (home number): _____

Primary Account Holder:

Cell Number: _____ E-mail Address: _____

Joint Owner:

Cell Number: _____ E-mail Address: _____

Date of application	Turn off date
Day ____ Month ____ Year ____	Day ____ Month ____ Year ____

Signature of Registered Land Owner: _____

OFFICE USE ONLY:

Electronic ID: _____

Meter reading: _____ Meter read date: Day ____ Month ____ Year ____

Account number: _____ Roll number: _____

Charges to account:	Recycling _____	Recycling cart _____
	Refuse _____	Sewer _____
	Water _____	Other _____

Accepted by (initial): _____