

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: _____

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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): _____