

# CITY OF WOLFE CITY

## CUSTOMER DISCONNECT REQUEST

Request date: \_\_\_\_\_

Acct # \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Customer requested disconnect date: \_\_\_\_\_

Forwarding address for final bill: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apply deposit to final bill Yes \_\_\_\_\_ No \_\_\_\_\_

Customer Signature: \_\_\_\_\_

### EMPLOYEE USE ONLY

Employee disconnecting service:

Current Meter Reading:

Meter serial #:

Date of Disconnect:

NOTES:

\_\_\_\_\_

\_\_\_\_\_

Final Bill Date: \_\_\_\_\_

Processed by: \_\_\_\_\_