



SERVICE DISCONNECTION APPLICATION

Customer's Name _____ Utility Account # _____

Service Address _____

Phone _____ E-Mail _____

DATE SERVICE TO BE DISCONNECTED: _____

FORWARDING ADDRESS _____

CITY _____ STATE _____ ZIP _____

GENERAL INFORMATION:

- THE CITY SHALL HAVE THE RIGHT OF ACCESS TO THE CUSTOMER'S PREMISES TO SET, READ, REMOVE, REPLACE, OR REPAIR METERS.
- SERVICES WILL BE DISCONNECTED AT THE CITY'S DISCRETION BETWEEN THE HOURS MON / THUR 7:30AM - 4:00PM AND FRIDAY 7:30AM – 10:00AM. REQUESTS FOR A SPECIFIC TIME WILL NOT BE ACCEPTED.

I CERTIFY THAT I AM THE ACCOUNT HOLDER, OR AM AUTHORIZED TO EXECUTE THIS REQUEST ON HIS OR HER BEHALF, AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF THE ENTIRE BILL UPON TERMINATION OF SERVICE.

PRINTED NAME _____

SIGNATURE _____

DATE _____

CITY OF SANGER _____ DATE _____