



**REQUEST TO DISCONTINUE SERVICE**

SERVICE ADDRESS \_\_\_\_\_

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

Account Number \_\_\_\_\_

Discontinue Service at the above address effective: \_\_\_\_\_

Forwarding Mailing Address/Phone/E-mail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the City of Bells to disconnect service at the above service address effective by date given. I understand that any remaining unpaid balance will be deducted from my deposit.

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

\_\_\_\_\_  
Date

**\*\*\*A COPY OF A PICTURE ID IS REQUIRED\*\*\***