

Town of Lusk
Utility Disconnect Contract

Account # _____

I _____, request that the utilities at _____
(print name) (service address)

be disconnected on _____.
(date)

***All information must be filled out in order for the utilities to be disconnected!**

Mailing Address _____

City, State, & Zip _____

Forwarding Address _____

City, State, & Zip _____

Phone (_____) _____

Utilities to be Disconnected:

ALL

Electric

Water, Sewer

Garbage

Emergency Contact (In case customer cannot be reached)

Name: _____ Phone: _____

I, _____, attest that all the information indicated above is of a truthful and willing act, and I wish the utilities at the above address be disconnected, and the account in my name terminated. I also attest that I have read and understand the Town of Lusk's Utility Service Policies.

Signature _____

Date _____

If Applicable: Landlord Name _____ Phone _____