



Town of Lumberport
PO Box 519 Lumberport WV 26386 304-584-4370

SERVICE TERMINATION REQUEST

Account Number: _____

Name: _____

Phone: _____

Address: _____

Date Service Requested to Stop: _____

Forwarding Address:

I request that my services with the Town of Lumberport be terminated as of the above date. I understand that I will be responsible for all fees and charges to said account up to the above date minus any deposit and any interest accrued.

Signature

Date

Town Representative

Date