



Termination Of Service

Account Termination Date: _____

Customer Name: _____

Service Address: _____

Phone Number: _____

Forwarding Address: _____

(For same day cutoffs, request must be submitted before 2:30p.m.)

(There are no turnoffs on Saturdays or Sundays.)

Customer Signature: _____ Date: _____

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OFFICE USE ONLY

Service Order # _____ Date of Service Order: _____

Account # _____ Entered by: _____

Forwarding address entered

Deposit Refunded