

HUNTINGBURG MUNICIPAL UTILITIES

DIRECTIVE TO TERMINATE UTILITY SERVICES

The Customer must be present in person with proof of identification, between the hours of 8:00 a.m. and 4:30 p.m., at the Huntingburg Municipal Utilities Office, 508 E. Fourth Street, Huntingburg, Indiana.

PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION

The City of Huntingburg is hereby directed to terminate the following utility services on _____ at the following service address:

ACCOUNT NUMBER: _____ - _____ - _____

ACCOUNT NAME: _____
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

CO-ACCOUNT NAME: _____
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

SERVICE ADDRESS: _____
(Street Address) (Apt./Lot No.) (City) (State) (Zip Code)

FORWARDING ADDRESS: _____
(Street Address) (Apt./Lot No.) (City) (State) (Zip Code)

TELEPHONE: Home (____) _____ Cell (____) _____ Work (____) _____

SERVICE(S) REQUESTED TO STOP: Electric Gas Water Sewer SL SP

CUSTOMER(S) STATEMENT

I affirm that the foregoing responses are true and correct. I understand and agree that I am personally responsible for the payment of all lawful charges for utility services at the service address until the date on which I make written request for termination of services. I agree to pay all such lawful charges when due, and to pay all costs of collection and a reasonable attorney's fee in the event I should fail to make payment when due.

Date: _____ Customer Signature: _____

Date: _____ Customer Signature: _____

FOR OFFICE USE ONLY

Identification _____ Approved By _____