

**DISCONNECT REQUEST FROM UTILITY SERVICE
FROM THE CITY OF WHITE**

The undersigned hereby requests to be disconnected from water, sewer, electric and garbage services from the City of White. Furthermore, the undersigned consents to be responsible for paying the remaining balance due on services received up to the disconnect date. If deposit has not already been returned prior to disconnect date, deposit will be returned after remaining utility bill has been paid in full.

Requested Utility Disconnect Date _____, 20_____

Signature

Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date

Date

Customer Information

Name(s) of User(s): _____

Street Address to be disconnected: _____

Current Mailing Address: _____

Forwarding Mailing Address: _____

Phone: Home _____

Work _____

Cell (opt) _____

Work _____

Employer's Name & Address

Employer's Name & Address

Do you own the premises Y _____ N _____

New tenants: _____

Or

Back to Landlord (Name) _____