



APPLICATION FOR DISCONNECTION OF UTILITIES

Date of disconnection: _____
month/day/year

UTILITY ACCOUNT NUMBER: _____

- Residential
- Commercial

Services discontinued: Water Sewer Garbage

Applicant Name: _____

Service Address: _____
Street

City Province Postal Code

Forwarding Address:	_____		
	<i>Street</i>		
	_____	_____	_____
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Phone:	_____	_____	_____
	<i>Home</i>	<i>Cellular</i>	<i>Work</i>

AUTHORIZATION:

_____	_____	_____
Printed Name	Applicant Signature	Date <i>month/day/year</i>

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