



Town of Culpeper

400 S. Main St., Suite 109
Culpeper, VA 22701

OFFICE: 540-829-8220
FAX: 540-829-8239
payonline@culpeperva.gov

Service Disconnect Request

Shut Off Date: _____

You must choose a business day in the future, we do not disconnect same day.

Account Number: _____

Service Address: _____

Forwarding Address: _____

Daytime Phone Number: _____

Email Address: _____

Comments: _____

I (We), request services to be disconnected for the address listed above. The forwarding address has been provided for the final bill/refund to be mailed to.

Everyone listed on the account has been made aware that the services will be discontinued.

If applicable, I am aware the trash can(s) # _____ assigned to the address above is Town of Culpeper property and must remain at that address. If the trash can is not onsite day of shut off, I will be charged \$60 for the replacement of the trash can on my final bill.

Applicant or Co-Applicant on Account:

(Print name) (Signature) (Date)

****Office Use Only****

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CSR Verification

Utility/Trash
Service Order Completed

Forwarding Address/Phone Number
Updated

Clerk Notified
(Business Accounts)