

**Public Utilities** 

1630 US #1 Hwy Youngsville, NC 27596 Phone: 919.556.6177

www.FCPU.us

## SERVICE DISCONNECTION REQUEST

## At least 24 hours' notice required - Monday-Friday only

Account #:			Date:	
Name:			Phone #:	
Service Address				
Forwarding Address				
Date to be disconned				
Please be advised:				
Water services could be	e turned off as early as 7	:00 am on requested d	isconnection dat	e Initial
Did you sell the Propert	ty? <b>Yes No</b> _ Di	id you rent the property	? Yes	No
Lease expiration date:				
Are you bank drafted?	Yes No			
If yes, do you want the final bill to be drafted? Yes No				
By signing this request, you agree to pay the balance within fifteen (15) days of receipt of the final bill. If balance is not paid any and all information will be used to collect a debt from the NC Debt Set-Off Program (G.S. 105A-1 through G.S. 105A-16).				
being sold or rented ple	p a signature on file whe ease advise the new own k you for your cooperatio	ers or tenants that they		
By my signature below, I acknowledge that I have read and agree to the above listed conditions and any questions have been answered satisfactorily. I also understand that the water service could be turned off as early as 7:00AM on the disconnection date listed above.				
Customer Signature:			_ Date:	
FCPU use only: Date	e Processed:	Entered	Ву:	