

REQUEST FOR UTILITY SERVICE DISCONNECTION

INSTRUCTIONS: The County of Isle of Wight Public Utilities requires all persons or entities having water service in their name to provide written instructions for disconnection of service. The account holder is responsible for authorizing disconnection and is the only person authorized to sign this form.

DATE: _____

Utility Customer Name: _____

Account Number _____ Customer number _____

Street Address _____

Please disconnect the utility service at the above location on _____.
DATE

I understand that as account holder, owner, or occupant of the premises, I am responsible for the utility charges of the above account until the time of disconnection. Any **current** balance and the estimated **Final Bill** are to be paid within 30 days of disconnection.

Utility Customer Signature: _____

Date: _____

Forwarding mailing address: _____

Phone: _____

Place of employment: _____

Address: _____

Phone: _____

EMAIL TO: mmatthews@isleofwightus.net OR ffuchs@isleofwightus.net

or FAX TO: 757-357-8203