

**VILLAGE OF ARCANUM
UTILITY DEPARTMENT
SERVICE TERMINATION
REQUEST FORM**

NAME _____

**SERVICE
ADDRESS** _____

DATE OF TERMINATION REQUEST _____

Utility services at the address listed above shall be removed from my name as of date requested. I am no longer responsible for said utilities and have requested that the Arcanum Water and Light conclude service for me.

Signature _____

Forwarding Address _____

IF APPLICABLE:

PLEASE APPLY DEPOSIT TO FINAL BILLING

YES _____

NO _____

OFFICE USE

:
ACCT # _____

READINGS _____ EL

_____ WA