Utility Disconnect Service Form

Today's Date: _____ Owner: Yes ☐ No ☐

Account Name (Print Name): _____

Phone Number: _____ Email: _____

Civic Address of Disconnect Request: _____

Forwarding Mailing Address: _____

Disconnect Date (MM/DD/YY): _____

Disclosure: Please note as a renter of property in the Town of Dundurn, if your account for utilities becomes in arrears, the owner will be notified of arrears at the discretion of Town of Dundurn Administration.

Signature of Account Owner: _____ Date: _____