



## 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: \_\_\_\_\_