

TOWN OF PULASKI
PO BOX 660
PULASKI VA 24301
Ph: 540-994-8640/8641
Fax: 540-994-8647

TOWN OF PULASKI
UTILITY SERVICE TERMINATION FORM

BILLING OF FIXED CHARGES WILL NOT CEASE UNTIL THIS FORM IS COMPLETED AND RETURNED TO OUR OFFICE.

INSTRUCTIONS: The town requires all persons or entities having a right of possession to the premises to sign as account holder. Where premises are occupied by someone other than the owner, the account holder is responsible for authorizing disconnection.

DATE: _____

SERVICE CUSTOMER AND LOCATION INFORMATION

Utility Customer Name _____

Account Number _____

Street Address _____

Directions _____

DISCONNECTION DATE: Please disconnect the utility service at the above location on

Certification:

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.

Utility Customer Signature

MUST BE COMPLETED
*****Forwarding mailing address** _____

Cashier's Signature _____