

UTILITY SERVICE DISCONNECTION FORM



Instructions:

Please complete this form to request disconnection of City of Freeport utility services. All required fields must be completed. Disconnections are not processed the same day the request is received.

Customer Information

Account Number: _____

Customer Name (as shown on account): _____

Phone Number: _____

Email Address: _____

Driver's License or Government ID Number: _____

Street Address: _____

Apartment / Unit #: _____

City: Freeport

State: _____

ZIP Code: _____

Requested Disconnection Date

Preferred Disconnection Date: ____ / ____ / ____

Disconnections are not performed on weekends or holidays.

Forwarding / Final Billing Information

Forwarding Address for Final Bill or Refund:

Reason for Disconnection (Optional)

- Moving / Relocating
- Property Sold
- Tenant Vacated
- Service No Longer Needed
- Other: _____

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Customer Acknowledgements

(Please initial each line)

____ I understand I am responsible for all charges incurred through the disconnection date.

____ I understand deposits, if applicable, will be applied to the final bill.

____ I certify that I am the account holder or an authorized representative.

Authorization

I authorize the City of Freeport to disconnect the services listed above.

Customer Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

For City Use Only

Request Received By: _____

Date Received: ____ / ____ / ____

Processed By: _____

Actual Disconnection Date: ____ / ____ / ____

Final Meter Reading(s): _____