



TELL CITY UTILITIES
DIRECTIVE TO TERMINATE UTILITY SERVICES

Customer must be present in person with proof of identification

ADDRESS TO TERMINATE: _____

DATE TO TERMINATE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

(Last) (First) (M.I) Social Security/Taxpayer ID
Number

CO-ACCOUNT NAME: _____

(Last) (First) (M.I) Social Security/Taxpayer ID
Number

SERVICE ADDRESS: _____

(Street Address) (Apt No.) (City) (State) (Zip Code)

FORWARDING ADDRESS _____

(Street Address) (Apt. No.) (City) (State) (Zip Code)

TELEPHONE: Home () _____ Cell () _____ Work() _____

CUSTOMER(S) STATEMENT

I affirm that the foregoing responses are true and correct. I understand and agree that I am personally responsible for the payment of all lawful charges for utility services at the service address until the date on which I make written request for termination of services. I agree to pay all such lawful charges when due, and to pay all costs of collection and a reasonable attorney's fee in the event I fail to make payment when due.

Date: _____ Date: _____

Customer Signature: _____

Office Use Only

Off: _____ Meter Read #: _____ Deposit: _____