

REQUEST FOR DISCONNECTION AND/OR TERMINATION OF SERVICE



ECSD STAFF USE ONLY

Received by _____
Date _____
Deposit/Fees Paid _____
Receipt # _____
Tracking # _____

ACCOUNT NUMBER

DATE

NAME ON THE ACCOUNT

SERVICE ADDRESS

DATE OF SHUT OFF/TERMINATION

DATE OF RE-ACTIVATION (IF APPLICABLE)

REASON FOR MOVING OR SALE OF PROPERTY

NOTES

I AGREE TO PAY A FEE OF \$25.00 AT THE TIME OF REACTIVATION:

SIGNED (CUSTOMER)

DATE

STAFF AUTHORIZATION :

DATE

REQUEST FOR DISCONNECTION AND/OR TERMINATION OF
SERVICE

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