

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 _____