

TOWN OF WINDSOR

UTILITIES DISCONTINUATION REQUEST

Name: _____

Account Number: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Date Requested for All

Utilities to be Discontinued: _____

I am responsible for the utilities bill at the above location and am requesting for the utilities to be discontinued. I understand that any usage prior to this date is my responsibility. Any deposits will be refunded to the above address in approximately 30 days, once the account is paid in full.

Signature

Date