

CITY of MONA

TERMINATED CUSTOMER FORM

Termination Date _____ Termination Customer # _____

Terminated Customer Name _____

Service Address _____

Forwarding Address Name _____

Street _____ PO Box _____

City, State, Zip _____

Phone: Residence _____ Business _____

New Customer (if known) _____

*****Office Use Only*****

Date Disconnected _____

Final Water Read _____ Date _____

Final Gas Read _____ Date _____

Transaction Requested By _____ Date _____

Computed Entry By _____ Date _____

I, the undersigned, understand and acknowledge that I am responsible for payment of all utilities and related fees, penalties and sales tax attached to the above property until termination is final.

Signature Date _____

Signature Date _____