



TERMINATION OF SERVICES

Only the Account Holder will have authority to disconnect/terminate service. The Account Holder is the name listed on your Utility Bill received from the City of Chickasha. Services will be terminated on the date listed below when a forwarding address has been property provided.

ACCOUNT #: _____

ACCOUNT HOLDER: _____

SERVICE ADDRESS: _____ PHONE: _____

FORWARDING ADDRESS: _____

**PLEASE NOTE THAT THE ACCOUNT
WILL NOT BE DISCONTINUED UNLESS A
FORWARDING ADDRESS IS PROVIDED.**

PLEASE MAKE SURE YOUR
TRASH RECEPTACLE IS
ACCESSIBLE FOR PICK UP.
PLACE
IT IN FRONT OF RESIDENCE.

Date of termination: _____

If rental property please provide the name of the landlord/property owner:

Owner: _____

Address: _____ Phone: _____

Account Holder Signature

Date of Application

TERMINATION OF SERVICE ACKNOWLEDGEMENT

Utility accounts not paid after termination of service will be referred to a collection agency. Customers will be responsible for any fees charged by the collection agency in addition to the balance of the outstanding utility account.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the verification of all facts and information contained in the application for termination of service.

Account Holder Signature Date of Application

OFFICE USE ONLY

OUTSTANDING BALANCE: \$ _____ (*as of date of termination application*)

PLEASE INITIAL BELOW UPON COMPLETION.

COPY OF I.D.: _____

WORK ORDER ENTERED: _____

FORWARDING ADDRESS ENTERED: _____

WORK ORDER COMPLETED: _____