TOWN OF GILA BEND

The Heart of Arizona

REQUEST FOR TERMINATION OF UTILITY SERVICES

Requested By: _____

Reason for Termination: _____

Customer Name: _____

Service Address: _____

Forwarding Address (Required): _____

_____

_____

Date of Request: _____

_____
Customer Signature

FOR OFFICE USE ONLY

Account Number _____

Security Deposit Applied _____ Refunded: _____

Final Meter Read: _____ Date: _____

Data Entered: _____ Initials _____

Final Meter Read: _____

Other Instructions _____

_____

P.O. Box A, 644 W. Pima Street Gila Bend, AZ 85337-0019 (928) 683-2255
FAX (928) 683-6430 TDD (800) 367-8939