



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

