

Request To Discontinue Utility Services

Account Holder: _____

Account Number: _____

Service Address: _____

Forwarding Address: _____

Phone Number: _____

Date of Service Request: _____

Name and Address of Landlord, Apartment Complex or New Owner:
(Deposit will not be refunded without this information)

Signature: _____

State of: Indiana
County of: Hancock

I, _____ a Notary Public, do hereby certify that on this ____ day of _____, 20__, personally appeared before me _____ known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he/she executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public State of: _____

Affix Seal

Name: _____

My Commission Expires: _____