BLUFFDALE
EST. 1848

Bluffdale City
Request to Cancel Utility Services

Customer Account Number ____________________

Terminated Customer Name____

Service Address____

Disconnect Date ____________________________

Reason for Termination ____

Customer's Forwarding Address:

Name ___________________________________ Phone ___________________________

Street ____

City ______________________________ State ______________ Zip ______________

Signature of Requester ____ Date ______________

New Customer Name (if known) ____

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FOR OFFICE USE ONLY

Meter # ____

Final Meter Reading ___________________ Date _____________________

Termination Balance ____________________________________ Date Paid ______________________

Remarks ____

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