

# REQUEST FOR TERMINATION OF UTILITY SERVICES OR ACH DRAFT WITH THE CITY OF MILLINGTON

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Address: \_\_\_\_\_

Termination Service Requested: ☐ ACH Draft ☐ Utility Services

Requested Date: \_\_\_\_\_ ☐ A.M. ☐ P.M.

Forwarding Address: \_\_\_\_\_

Signature of Party  
Requesting Termination: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received

Service Order  
Number

Date Entered

Entered By

Rent or Own

Closing Date