

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	