

TOWN OF OAKLAND UTILITY SERVICES DISCONNECT

ACCOUNT _____

NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

PHONE _____ ALT PHONE _____

BY SIGNING THIS FORM I UNDERSTAND THE FOLLOWING:

1. The utilities at the specified address above will be disconnected on the date specified below. _____ (initials)
2. I will receive one to two more bills including the final bill and I am fully responsible for any remaining balances for this account. _____ (initials)
3. The deposit will be applied to the final bill and any remaining funds will be sent to the billing address listed above. _____ (initials)
4. If my account is turned over for collection, it is my full financial responsibility to pay all courts costs, all collections fees and/or attorney fees.

_____ (initials)

DISCONNECT DATE _____

SIGNED _____

EMPLOYEE SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

METER _____ READING _____

SIGNED _____ DATE _____

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