Account No. _____

REQUEST FOR DISCONTINUANCE OF SERVICE
TOWN OF HAGERSTOWN, INDIANA

HT fm#05) (01/07/08)

Date Requested for Discontinuance of Service: _____ / _____ / 20_____

Type(s) of Service to be Discontinued: _____ Electric _____ Water _____ Sewer

Customer Name: _____SS# _____-_____-_____

Service Address: _____, Hagerstown, Indiana 47346

Cell# (_____) _____ - _____/ Home# (_____) _____ - _____/ Work#: (_____) _____ - _____

X_____

Forwarding Address for Final Billing(s) City State Zip

NON-OWNER CUSTOMER

I, **X**_____, hereby certify that I am the Service Owner or Non-Owner Customer, but not the Owner of the Service Address property. I further certify that I have advised the Owner of my intention to discontinue services provided by the Hagerstown Utilities to the Service Address property, and further, that I shall save, indemnify, and hold harmless the Town of Hagerstown, and Hagerstown Utilities from any and all issues arising from or connected with discontinuance of any or all services.

X_____ Dated: **X**_____

Signature

Witnessed by Town Employee: _____ Printed: _____
For Non-Owner/Owner

OWNER AND/OR OWNER CUSTOMER

I, _____, hereby certify that I am the Owner or Owner Customer of the above Service Address property, and that I have advised any and all occupants, tenants, and/or lessees of such property that may be using any utility services provided by the Hagerstown Utilities at such Service Address property, of my intention to discontinue services provided by the Hagerstown Utilities to the Service Address property, and further, that I shall save, indemnify, and hold harmless the Town of Hagerstown, and Hagerstown Utilities from any and all issues arising from or connected with discontinuance of any or all services.

_____ Dated:_____

Signature

Phone Number (_____) _____ _____

RELEASE OF DEPOSIT

Applied after Final Billing

ALL REQUESTS ARE SUBJECT TO ORDINANCE PROVISIONS
CURRENTLY IN EFFECT FOR REFUND OF DEPOSIT

Utility Customer: **X** _____

Date: **X** _____