



# City of LaVerkin

435 North Main St., LaVerkin Utah, 84745  
(435) 635-2581 Fax (435) 635-2104

## DISCONNECT/TERMINATION OF SERVICE

**NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**OWNER / \*RENTER** \_\_\_\_\_ **DEPOSIT: \$** \_\_\_\_\_

**\*LANDLORDS NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REQUIRED: FORWARDING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**REASON FOR DISCONNECT/TERMINATION** \_\_\_\_\_

**DATE FOR DISCONNECT/TERMINATION:** \_\_\_/\_\_\_/\_\_\_

**DATE FOR RECONNECT:** \_\_\_/\_\_\_/\_\_\_

**FINAL METER READING:** \_\_\_\_\_

\*By signing this form, I understand that this disconnection/termination will occur on the requested date. However, I must also understand, upon disconnection/termination I will receive a FINAL TERMINATION BILL. I will continue to accrue all fees and penalties due to LaVerkin City on the outstanding balance. Billing will continue until my account balance is zero.

\*\*If I am requesting temporary discontinuance of services, I will be charged a \$25 fee at the time of disconnection and a \$25 fee at the time of reconnection. Both charges will be paid upon making the request.

\_\_\_\_\_  
OWNER/RENTER SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PROCESSED BY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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