

**CITY OF FAIRHOPE
PUBLIC UTILITIES**

PO DRAWER 429, FAIRHOPE, AL 36533 PHONE: (251) 990-0165 EMAIL: cashiers@cofairhope.com

TERMINATION OF UTILITY SERVICE

NAME _____ PHONE #: _____

SERVICE ADDRESS: _____

DATE FOR DISCONNECTION: _____

FORWARDING ADDRESS: _____

I UNDERSTAND THAT MY DEPOSIT WILL BE APPLIED TO MY FINAL BILL. I AGREE TO PAY ANY INTERIM BILLINGS PRIOR TO THE FINAL BILL. IF THE FINAL BILL IS LESS THAN THE DEPOSIT, A REFUND CHECK WILL BE MAILED TO THE FORWARDING ADDRESS PROVIDED ON THIS FORM.

I UNDERSTAND THAT THE REFUND WILL BE MAILED WITHIN SIX TO EIGHT WEEKS OF HAVING THE SERVICE DISCONNECTED.

IF THE DEPOSIT IS LESS THAN THE FINAL BILL, I WILL BE RESPONSIBLE FOR PAYING THE BALANCE DUE.

SIGNATURE: _____ DATE: _____

E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY:

ACCOUNT # : _____ TAKEN BY: _____

CUSTOMER #: _____