



## REQUEST TO TURN OFF SERVICE

*This form is for customers who wish to terminate their current service.  
One form of identification is required, must be a photo I.D.*

Name on Account \_\_\_\_\_

Service Address \_\_\_\_\_

Please list the date for disconnection (Monday through Friday) \_\_\_\_\_

Please provide your forwarding address \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) to call if needed: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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If you cannot submit this form in person, we will accept a fax, e-mail or mailed completed form. Please include a legible copy of your I.D. and have this form notarized.

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NOTARY STAMP OR SEAL

Notary Public \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed before me this \_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_