



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 _____

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.

NOTARY STAMP OR SEAL

Notary Public _____

County of _____ State of _____

Signed before me this _____ day of _____

My commission expires _____