



REQUEST TO TURN OFF SERVICE

*This form is for customers who wish to terminate their current service.
Two forms of identification are required; at least one 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 _____