

**VILLAGE OF ARCANUM  
UTILITY DEPARTMENT  
SERVICE TERMINATION REQUEST FORM**

**NAME** \_\_\_\_\_

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

**DATE OF TERMINATION REQUEST** \_\_\_\_\_

Utility services at the address listed above shall be removed from my name as of date requested. I am no longer responsible for said utilities and have requested that the Arcanum Water and Light conclude service for me.

Signature \_\_\_\_\_

Forwarding Address \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**NOTE:** IF A DEPOSIT WAS PAID, IT WILL BE APPLIED TO THE FINAL BILL. IF A BALANCE STILL REMAINS ON THE ACCOUNT, YOU ARE RESPONSIBLE FOR PAYMENT. IN THE CASE OF A CREDIT, A CHECK WILL BE MAILED TO YOUR FORWARDING ADDRESS ONCE THE MONTHLY PAYMENT PROCESSING IS COMPLETE.

|                                  |
|----------------------------------|
| <b>OFFICE USE</b>                |
| ACCT # _____                     |
| READINGS _____ EL _____ WA _____ |