

# Utility Disconnection Form



Please disconnect my: Water \_\_\_\_\_, Gas \_\_\_\_\_, or Both \_\_\_\_\_.

Date of disconnection: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account holder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address where service is located: \_\_\_\_\_

Forwarding address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

By signing below, I am fully aware of the City of Clifton's Water, Wastewater, Gas, and Sanitation policies. This includes my responsibility to pay my account in full at the time of cut-off. As the account holder, I agree to pay for all collection costs, attorney fees, and/or court costs, should my account be considered past due.

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

## *Office Use Only*

Amount Paid: \$ \_\_\_\_\_ Account paid in full: \_\_\_\_\_

Payment accepted by: \_\_\_\_\_

