



# TOWN OF WHITELAND

UTILITY BILLING DEPARTMENT · ALEXANDRA KRUTZ, UTILITY CLERK

549 MAIN STREET · WHITELAND, INDIANA 46184 · (317) 535-5531 · FAX (317) 535-8724

www.townofwhiteland.com

## DISCONTINUATION OF UTILITY SERVICE

CUSTOMER NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

For final bill and/or deposit refund (if a rental account):

FORWARDING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_

### Disconnection Certification for **RENTER OCCUPIED** property

I, \_\_\_\_\_, hereby certify that I am the service account owner but not the property owner of the above service account and that I have advised the property owner of my intention to discontinue services provided by the Town of Whiteland to said property, and further that I shall save, indemnify and hold harmless the Town of Whiteland from all issue arising from discontinuance of any or all service(s).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Service Account Owner

### Disconnection Certification for **OWNER OCCUPIED** property

I, \_\_\_\_\_, hereby certify that I am the owner of the above service account and the property served; it is my intention to discontinue said services, and further that I shall save, indemnify and hold harmless the Tow of Whiteland form all issue arising from discontinuance of any or all service(s).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Service Account/Property Owner

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### **OFFICE USE ONLY:**

Work Order # \_\_\_\_\_

Received By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Account balance at time of disconnect request \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Refunded  Transferred  Applied