



TOWN OF WHITELAND

UTILITY BILLING DEPARTMENT · ALEXANDRA PLATT, 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

OFFICE USE ONLY:

Work Order # _____

Received By: _____ Date & Time: _____

Account balance at time of disconnect request \$ _____

Deposit Amount \$ _____

Refunded Transferred Applied