



DISCONNECTION OF UTILITY SERVICES

Customer Information			
Customer Name	Account #		
Current Address			
Rental Properties: Please provide this information if you are a tenant at the service address.			
Landlord Name	Contact Number		
Landlord Address	City	State	Zip
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 issues arising from discontinuance of any or all service(s). I understand that my deposit will be applied to any outstanding amounts on my account and I will be responsible for any remaining balance will be due to the Town of Whiteland.

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 Town of Whiteland from all issues arising from discontinuance of any and all service(s). I understand that I will be responsible for any remaining balance due to the Town of Whiteland

Signed _____ Date _____
 Service Account /Property Owner

Office Use Only	
Work Order #	
Received By	Date & Time
Account balance at time of disconnect request	Deposit Amount
<input type="checkbox"/> Refunded <input type="checkbox"/> Transferred <input type="checkbox"/> Applied	