



Request for Discontinuation of Services

FINAL

Date: _____

Account#: _____

Name: _____

Service Address: _____

Please disconnect my services at the above address on this date: _____

I understand that the City of Jacksonville's billing cycle is 30 days in arrears which means I may receive 1 more bill (depending on reading dates), and I am aware that the deposit on file will be used towards the final balance. If there is still a balance remaining after the deposit has been applied, I understand that I am responsible for this balance and that it will be submitted to a Collection Agency and show as a negative rating on my credit report.

My new mailing address is:

Signature of Account Holder: _____

DL#: _____ SS#: _____ DOB: _____

Phone#: _____ Cell#: _____

Email Address: _____

Owner _____ Renter _____

FOR OFFICE USE ONLY

DEPOSIT: \$ _____ RECEIPT #: _____ PROCESSED BY: _____ DEVICE #: _____

LAST READING: _____ CURRENT READING: _____ RADIO ID#: _____

FROM ACCOUNT #: _____