



DISCONTINUE UTILITIES SERVICE

End Service Date _____ Account Number _____

Requested By _____

Service Address _____

Forwarding Address _____

Driver's License: State _____ Number _____ Expiration _____

Apply deposit to final bill? Yes _____ No _____

Trash Bin Available? Yes _____ No _____ Recycling Bin Available? Yes _____ No _____

I, the undersigned, hereby authorize City Hall to apply my deposit to my remaining account balance. I understand any amounts not covered by my deposit on record will be due and payable immediately upon receiving invoice. Any balance not paid in 60 days will be turned over to PennCredit for collection.

Signature _____ Date _____

For City Hall use:

Final meter reading _____ Date read _____

UTILITIES CHECK REQUEST

Original Deposit Amount _____

Amount Owed on Account _____

Check Amount Due to Customer _____

OR

Balance Owed to City _____

Requested by _____ Approved by _____