



UTILITY **DISCONNECT** REQUEST FORM
CUSTOMER INFORMATION

Mondays-Thursdays 7am-6pm

PLEASE EMAIL FORM AND DOCUMENTS TO: PERMITTING@MYMONTVERDE.COM

____/____/____
Disconnect Date

Account# _____

First Name

Last Name

Middle Initial

Phone Number

E-Mail Address

Service Address: City State Zip Code

Forwarding Address: City State Zip Code

Your deposit will be refunded/credited to your final bill. Deposits can only be refunded to the applicant. For termination of service, notice must be given in writing or in person. Your request will be processed, and a \$35 cut-off fee will be applied.

Signature

Date

OFFICE USE ONLY - SERVICE DISCONNECTION REQUEST

Final Meter Reading _____