



UTILITY **DISCONNECT** REQUEST FORM
CUSTOMER INFORMATION

Mondays-Thursdays 7am-6pm

PLEASE EMAIL FORM AND DOCUMENTS TO: INFO@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 or credited to your final bill. Deposits can only be refunded to the applicant. To terminate the service, please complete the form. A forwarding address is required for the refund check; if not provided, the refund check will not be processed. Additionally, a \$35 cut-off fee will be applied.

Signature

Date

OFFICE USE ONLY - SERVICE DISCONNECTION REQUEST

Final Meter Reading _____

Scan & File – share/water utility/customer info/disconnection -label with address

Date Scanned