

# City of Saluda



## Utilities Disconnect Request

Date: \_\_\_\_\_

I, \_\_\_\_\_, would like to disconnect utility services

For the following address: \_\_\_\_\_

On the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

I ( ) Owned OR ( ) Rented from \_\_\_\_\_ the above.

**Forwarding Address for final billing:**

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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I will be responsible for any charges on this account up until the requested disconnect date. The deposit, if any, will be applied to the final bill and any remaining amount will be refunded. If there is a balance due on the account, the due date will be reflected on the final bill and sent to the forwarding address.

**I have read and understand the disconnection process.**

\_\_\_\_\_  
Signature Required