



CITY OF SALUDA

NORTH CAROLINA

Utilities Disconnect Request

Date _____

Acct# _____

I, _____, would like my utility service disconnected at
_____ on this date _____.

I am making this request because I have:

Sold my home

I am renting, and I am moving out.

I am a seasonal resident and understand I will still be responsible for minimum bill.

I am not living at this address and request the meter removed. I know I will have a \$500.00
reinstallation fee should I wish to have service restored.

Other- _____

I understand 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 below:

Signature _____

Office Use Only Final Reading _____ Date _____ Meter Reader _____
Request Received By _____