

REQUEST TO DISCONNECT SERVICE

I, _____ request the Town of Homer to:

_____ TURN WATER OFF AS OF _____

_____ STOP GARBAGE SERVICE AS OF _____

At (location) _____

Forwarding address: _____

Signature _____ DATE _____

OFFICE USE ONLY

DEPOSIT PAID _____

BILL DUE WATER _____ GARBAGE _____

REFUND _____ CHECK # _____

FINAL METER READING _____ READ BY _____ DATE _____

GARBAGE CONTAINER PICKED UP BY _____ DATE _____

Verified by _____ DATE _____