



UTILITIES DISCONNECT REQUEST

(A current Driver's License and Social Security Number is required for all applicants)

The City of Troy is committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect.
(PLEASE PRINT)

Type of Customer (Check One): Residential Apartment Mobile Home Commercial/Industrial

Account Information

(PLEASE PRINT)

Customer Name: _____ Date: _____

Business Trade Name (if applicable): _____

Service Address: _____

Forwarding Address: _____

Desired Service Disconnection Date: _____

Customer's Telephone No: _____ Email: _____

Applicant agrees to abide by all City Ordinances & Rules. Service is exclusively for the Applicant. Bills are due and payable in a manner & time indicated on the bill. Service may be denied without notice for delinquency in payment or violation of law and/or City ordinances, rules or regulations. Applicant does hereby swear or affirm that all information supplied on this application is complete and accurate.

Applicant Signature

Date

THIS SPACE RESERVED FOR OFFICE USE ONLY

Application Received By: Office Mail Fax Online Email: _____

Deposit to be Returned: Electric _____ Water _____

Disconnected By: _____ Date: _____