



UTILITIES DISCONNECT REQUEST

(A current driver's license is required for all disconnect requests)

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.

ACCOUNT INFORMATION

(PLEASE PRINT)

Customer Name: _____ Account No: _____

Business Name (if applicable): _____

Service Address: _____

Forwarding Mailing Address *(for refund and/or final bill)*: _____

Desired Service Disconnection Date: _____

Customer's Phone No: _____ Email: _____

By submitting this form, I certify that I am the person described above and that I am submitting this form to approve the disconnection of service in my name with the City of Troy.

Customer Signature _____ Date _____

THIS SPACE RESERVED FOR OFFICE USE ONLY

Request Received By: Office Mail Fax Online Email Other _____

Deposit to be Returned: Electric _____ Water _____

Disconnected By: _____ Date: _____