City of LaVerkin
435 North Main St., LaVerkin Utah, 84745
(435) 635-2581 Fax (435) 635-2104

DISCONNECT/TERMINATION OF SERVICE

NAME: _____ **ACCOUNT #**_____

SERVICE ADDRESS: _____

_____

OWNER / *RENTER _____ **DEPOSIT: $**_____

***LANDLORDS NAME:** _____ **PHONE:** _____

REQUIRED: FORWARDING ADDRESS: _____

_____

HOME PHONE: _____ **CELL PHONE:** _____

REASON FOR DISCONNECT/TERMINATION_____

_____

DATE FOR DISCONNECT/TERMINATION: ____/____/____

DATE FOR RECONNECT: ___/___/___

FINAL METER READING: _____

*By signing this form, I understand that this disconnection/termination will occur on the requested date. However, I must also understand, upon disconnection/termination I will receive a FINAL TERMINATION BILL. I will continue to accrue all fees and penalties due to LaVerkin City on the outstanding balance. Billing will continue until my account balance is zero.
**If I am requesting temporary discontinuance of services, I will be charged a $25 fee at the time of disconnection and a $25 fee at the time of reconnection. Both charges will be paid upon making the request.

_____ _____/_____/_____
OWNER/RENTER SIGNATURE

_____ _____/_____/_____
PROCESSED BY