

Town of Genola Utilities  
**SHUT OFF/TERMINATION REQUEST**



Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding/Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please Disconnect as of: \_\_\_\_\_ (Date must be within 48 hours of filling of this request.)

For the following reason:

- I am the home owner and no longer own the property. Closing Date: \_\_\_\_\_
- I am the home owner. The home is vacant and does not require services to be on. I understand I will be responsible for monthly base rate fees.
- I was a tenant and have vacated the residence.
- I am a Landlord and the tenant has vacated the residence.

I, \_\_\_\_\_ hereby authorize and request the shut off of utilities at the above named account.

\_\_\_\_\_

Signature

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For City Use:

Request Received on: \_\_\_\_\_

- Transfer
- Disconnect