

Request for Account Closure

I hereby request, the Town of Leakesville, to close the account listed below;

Name:
Account #:
Date of Closure:
Service Address:

Forwarding Information

Address:
City:
State:
Zip:
Phone:

*Please be aware, that if the information above is not accurate the Town will not be able to forward you any remaining deposit left on the account after closure. Additionally, if the account is closed after the start of a new read cycle, your account will be charged for the usage for that time period. **You are responsible for any fees over your deposit amount.** You will not be able to start service with the Town of Leakesville at a future date, unless those fees are paid beforehand.*

Signature:	Date:
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Field Use
Meter #:
Reading:
Signature:
Date:

Office Use
Date:
Account #:
Signature:
Completed:
Initials:
<u>Please place in customer's file after completion.</u>