



CITY OF BLOOMINGTON UTILITIES
REQUEST FOR DISCONNECT
OF SERVICE AND FINAL BILL

Account #: _____ Requested Date of Disconnection: ____/____/____

Printed Name: _____

Service Address: _____ Apt: _____ Zip: _____

Telephone: _____

Permanent Mailing Address for Final Bill Statement: _____

Forwarding Telephone Number: _____

Signature: _____ Date: ____/____/____

IF WATER SERVICE IS DISCONNECTED (WITHOUT A NEW SIGNER) A SERVICE FEE OF **\$18.00** WILL APPEAR ON YOUR FINAL BILLING STATEMENT. IF YOU HAVE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT US AT (812) 349-3930.

*** Aqua Pay customers: Final bills will NOT be automatically withdrawn from your bank account.**

MAIL THIS FORM TO: CITY OF BLOOMINGTON UTILITIES OR **FAX TO:** (812) 331-5407
PO BOX 2500
BLOOMINGTON, IN 47402 OR **EMAIL TO:** utilities.cs@bloomington.in.gov
