



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 **\$45.00** 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**\* Aqua Pay customers: Final bills will not be withdrawn from your bank account.**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](mailto:utilities.cs@bloomington.in.gov)

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