



CITY OF BLOOMINGTON UTILITIES

Request for Disconnection of Utilities Service

Please mail this form to CBU, PO Box 2500, Bloomington, IN, 47402-2500

Or, email utilities.cs@bloomington.in.gov

Requested Date of Disconnection

(Monday-Friday, excluding Holidays): ____/____/____

First Name: _____ Last Name: _____

Company Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: (____) _____

Mailing Address for Final Bill: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Today's Date: ____/____/____

Aqua Pay customers: Final bills will NOT be automatically withdrawn from your bank account.

For Office Use - Account Number: _____