



**Town of Clayton
Utility Disconnect Request**

Account # _____

I _____ request my service be disconnected at
(name of customer)

_____ effective _____.
(current service address) (date)

Please mail by final bill in which I will be held liable to the following address:

I can be reached at _____ with any questions or concerns
(phone number)

regarding this utility service disconnect request.

By signing this form I acknowledge that any unpaid balance will be transferred to an existing Town of Clayton utility account upon becoming past due.

REMINDER: The Town of Clayton does not guarantee same day service; Please see the Town of Clayton's hours of operation in order to plan accordingly.

Signature

Date