



Disconnection Request

Account Holder Name: _____ Acct. #: _____

Address: _____

Phone: _____ Disconnection Date: _____

Forwarding Address: _____

Signature: _____ Date: _____

*All balances on account are due and if not paid, debt will be put into debt setoff for collection.
All questions or concerns need to be addressed to Town Hall at 919-242-5151.*

Transfer Services

Address: _____

Transfer Date: _____

Signature: _____ Date: _____