



TOWN OF WADENA

Utility Termination Request Form

I _____, **HEREBY REQUEST** termination of utility service at: _____.

Effective: _____

Please send the final bill to my forwarding address: _____

_____ Date

_____ Signature over Printed Name



For Office Use Only:

Account No.: _____

Received Date: _____ Processed By: _____

Work Order Dispatched to: _____ Meter Reading: _____

FINAL BILL PROCESSING:

Outstanding Charge	
Final Bill Charge	
Credit	
Meter Deposit	
TOTAL	

Date Final Bill Notice Printed: _____ Date Final Bill Sent: _____

Date Refund Cheque Processed: _____ Processed by: _____