



TOWN OF WADENA

Utility Termination Request Form

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

Effective: _____ Turn Water Off: ___ Yes ___ No

Please send the final bill to my forwarding address: _____

By signing below, I understand that the Final Bill and \$25.00 Disconnection Fee will be deducted from the Account Deposit to close this account. Any credit remaining will be forwarded to the above address.

_____ Date _____ Signature _____

For Office Use Only:

Account No.: _____ Received Date: _____

Final Bill Processed By: _____ Work Order Dispatched to: _____

Meter Reading: _____ Notes: _____

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: _____