

Town of Dundurn

Disconnect Utility Service

Date: _____ Owner Renter _____

Name 1 _____

Phone # and Email _____

Name 2 _____

Phone # and Email _____

Mailing Address _____

Civic Address _____

Disconnect date MM/DD/YY _____

Disclosure: Please note as a renter of property in the Town of Dundurn, if your account for utilities becomes in arrears, the owner may be notified of those arrears at the discretion of Town of Dundurn Administration.

Signature of Owner or Renter 1 _____ Date _____

Signature of Owner or Renter 2 _____ Date _____

For Office Use Only:

Owner name _____

Customer Account No. _____

Final meter reading / Date _____

Forwarding Address _____

Contact Number/Email _____

Refund on deposit due _____

Deposit Paid - **Owner** \$220 Debit Cheque Cash Credit Card

Outstanding utilities _____