



# Town of Clayton Utility Disconnect Request

I \_\_\_\_\_ request my service be disconnected at  
(name)

\_\_\_\_\_ effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(current service address) (mo) (day) (year)

My forwarding address where my final bill in which I will be held liable for can be sent to:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street address) (city) (state) (zip code)

By signing this form I also acknowledge if I need this request changed, the Town of Clayton will need 24 hours notice to alter this request. I can be reached at ( ) \_\_\_\_\_ if there are any  
(phone number)  
questions concerning the information provided to complete this request.

Reminder: We cannot guarantee same day service if this request is not received by 12:00 noon of the day you are requesting disconnection of service. The Town of Clayton will process requests Monday-Friday (we are closed on the weekends).

\_\_\_\_\_  
Please fax this request to (919) 553-0719  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_