



Account # _____

TOWN OF CLAYTON
Utilities & Billing
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-0719
utilities@TownofClaytonNC.org

EQUAL PAYMENT PLAN CANCELLATION

Name of Customer: _____

Service Address: _____

Phone #: (home) _____ (alternate) _____

I hereby request the Town of Clayton to remove my account from the Budget Bill/Equal Pay Plan program effective on the following date: _____.

This authorization will remain in effect until the Town has received a new agreement from me.

Customer Signature

Date