



# Utility Disconnect Request

Account #: \_\_\_\_\_

Customer Name:

Current Service Address:

Requested Disconnect Date:

The Town of Clayton **DOES NOT** guarantee same day disconnects. Requests made prior to 9 a.m. will be completed that same day. Requests after 9 a.m. will be completed the next business day.

Forwarding Address for final bill:

Phone Number:

current phone number

phone number that is valid after your move

**By signing below, I acknowledge that I am responsible for any unpaid balance. I also acknowledge that any past due unpaid balance will be transferred to any existing or new Town of Clayton utility account. I also understand that the Town of Clayton may place a garnishment on any state tax refund if I do not pay the balance in full.**

**Signature**

**Date**