TOWN OF OAKLAND UTILITY SERVICES DISCONNECT	FOR OFFICE USE ONLY	
NAME		
SERVICE ADDRESS	METER READING	
BILLING ADDRESS	SIGNED DATE	_
PHONE ALT PHONE	TOWN OF OAKLAND UTILITY SERVICES DISCONNE	СТ
BY SIGNING THIS FORM I UNDERSTAND THE FOLLOWING:	ACCOUNT NAME	
 The utilities at the specified address above will be disconnected on the date specified below (initials) 	SERVICE ADDRESS	
 I will receive one to two more bills including the final bill and I am fully responsible for any remaining balances for this account. 	BILLING ADDRESS	
3. The deposit will be applied to the final bill and any remaining funds will be sent to the billing address listed above (initials)	PHONE ALT PHONE	
 4. If my account is turned over for collection, it is my full financial responsibility to pay all courts costs, all collections fees and/or attorney fees. (initials) 	 BY SIGNING THIS FORM I UNDERSTAND THE FOLLOWING: 1. The utilities at the specified address above will be disconnet the date specified below	cted on
	 I will receive one to two more bills including the final bill at fully responsible for any remaining balances for this a (initials) 	
DISCONNECT DATE	The deposit will be applied to the final bill and any remainin will be sent to the billing address listed above (initial	•
SIGNED	 If my account is turned over for collection, it is my full f responsibility to pay all courts costs, all collections fees attorney fees. 	
EMPLOYEE SIGNATURE	(initials)	

DATE _____

DISCONNECT DATE _____

SIGN	ED
------	----

EMPLOYEE SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY	
METER	READING
SIGNED	DATE