

CITY OF GALENA, ILLINOIS



Application for Termination of Services

Date Termination Requested: _____

Customer #: _____

Service Address to be Terminated: _____

Name(s) as appeared on bill:

Last Name	First Name	Middle Initial

Forwarding Address:

Address	City	State	Zip

Do you prefer we email your final bill? Yes No Email address: _____

If you use auto debit, do you wish to use this method for payment of your bill? Yes No

If renting, please provide:

Landlord Name	Mailing Address	Telephone #

If selling, please provide:

New Owner's Name	Mailing Address	Telephone #

Please Note: It is your responsibility to notify the City 30 days prior to moving. You are responsible for all charges incurred while services are in your name. In the event that the City of Galena would have to commence legal proceedings against you to collect unpaid monies, you will be responsible for any legal fees, court costs, and sheriff's costs.

Applicant's Signature Date

For Office Use Only:

MXU#	Final Read	Date