

CITY OF GALENA, ILLINOIS



Application for Termination of Services

Name to appeared on bill: _____
Last First M.I.

Last First M.I.

Address (where termination is requested): _____
City State Zip

Mailing Address (for forwarding address of final bill): _____
City State Zip

Date Termination Requested: _____ / _____ / _____ Final Reading (office use): _____

Landlord's Name: _____ Landlord's Address: _____

Landlord's Phone #: _____

If selling:

New Owner's Name: _____ New Owner's Address: _____

New Owner's Phone #: _____

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.

If you use auto debit, this method will be used for payment of your final bill.

Applicant's Signature Date