City of Dayton 111 S. 1st Street

Dayton, Washington 99328 (509) 382-2361 Fax: (509) 382-2539 billingclerk@daytonwa.com

UTILITY BILLING REQUEST TO TERMINATE SERVICES

APPLICANT NAME:		
ACCOUNT NUMBER: _		
SERVICE ADDRESS:		
REQUESTED TERMINA	TED DATE:	
there will be a meter read	ling on the date request	ated and my account be closed. I understand ed for termination and will result in a final l be responsible for all charges through the
CONTACT PHONE:		
FORWARDING ADDRES	SS:	
CITY:	STATE:	ZIP:
Any changes will be account in advance.	nt holder's responsibilit	y to notify the city at least two business days
Signature of Applicant	-0.00	Date
Signature of Customer Service	vice Representative	Date
NOTE: Email with attached	d form completed is acce	epted in lieu of signature.
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