

## City of Earlington

103 West Main Street Earlington, Kentucky 42410



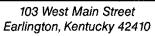
## "Restoring Our Heritage"

## **DISCONNECTION OF SERVICE REQUEST FORM**

ACCT	<u></u>	
NAME:	PHONE NUMBER:	
SERVICE ADDRESS:		
DATE SERVICE TO BE D	ISCONNECTED:	
NEW ADDRESS FOR FIN	IAL BILL:	
deposit on file for this	services disconnected at the above address. I understand that the water meter account will be applied to the final bill. I also understand that I am responsible fo due on the account. I further understand that service cannot be transferred untifull.	
Date (Failure to pay the fina	Signature Signature  I bill within 30 days will result in collection proceedings.)	
	RECONNECTION OF SERVICE REQUEST FORM	
Acct		
NAME:	PHONE NUMBER:	
SERVICE ADDRESS:		
DATE SERVICE TO BE TO	JRNED ON:	
ADDRESS FOR BILL:		
I currently have a mete address.	er deposit on file and would like the utility services reconnected at the above	
 Date	Signature	



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	CHANGE OF BILLING ADDRESS	Acct
Name on Account:	Name of New Recipie	nt:
Address on Account:		
New Billing Address:		
Signature:		Date:
	NAME CHANGE ON BILLING ADDRESS	Acct
Former Name on Account	: Name of New Rec	ipient:
Address on Account:		
		Date:
(Attach Photo ID)		
	METER DEPOSIT TRANSFER	Acct
I,, wo	uld like the meter deposit at the address below to b	pe transferred to
, 0	n this day of, 20	
Name:	New Name on Accoun	ıt:
Address		
Signature:		
(Attach Photo ID)		