



City of Earlington



103 West Main Street
Earlington, Kentucky 42410
"Restoring Our Heritage"

DISCONNECTION OF SERVICE REQUEST FORM

ACCT _____

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

DATE SERVICE TO BE DISCONNECTED: _____

NEW ADDRESS FOR FINAL BILL: _____

I would like the utility services disconnected at the above address. I understand that the water meter deposit on file for this account will be applied to the final bill. I also understand that I am responsible for any remaining balance due on the account. I further understand that service cannot be transferred until all balances are paid in full.

Date

Signature

(Failure to pay the final bill within 30 days will result in collection proceedings.)

RECONNECTION OF SERVICE REQUEST FORM

Acct _____

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

DATE SERVICE TO BE TURNED ON: _____

ADDRESS FOR BILL: _____

I currently have a meter deposit on file and would like the utility services reconnected at the above address.

Date

Signature



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CHANGE OF BILLING ADDRESS

Acct _____

Name on Account: _____ Name of New Recipient: _____

Address on Account: _____

New Billing Address: _____

Signature: _____ Date: _____

NAME CHANGE ON BILLING ADDRESS

Acct _____

Former Name on Account: _____ Name of New Recipient: _____

Address on Account: _____

Signature: _____ Date: _____

(Attach Photo ID)

METER DEPOSIT TRANSFER

Acct _____

I, _____, would like the meter deposit at the address below to be transferred to

_____, on this _____ day of _____, 20____.

Name: _____ New Name on Account: _____

Address _____

Signature: _____

(Attach Photo ID)