TERMINATION OF SERVICE REQUEST FORM

ALL FIELDS MUST BE FILLED OUT

PLEASE SELECT UTILITY:

☐ HAMPSTEAD ☐ SOUTH GATE ☐ WEDGEFIELD

CUSTOMER INFORMATION:

Pluris Account #: _____

Customer Name: _____

Daytime Phone: _____ Email: _____

SERVICE ADDRESS:

Address: _____

FINAL BILLING ADDRESS:

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

PLEASE TERMINATE SERVICE AS OF _____

SIGNATURE _____ DATE _____