



**CITY OF LANCASTER
UTILITIES COLLECTION OFFICE
SERVICE TERMINATION REQUEST**

Account Number: _____ Date of Request: _____

Customer Name: _____

Owner Name: _____

Service Address: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

SERVICE TO BE TERMINATED

GAS **WATER**

The address that utility service is to be terminated is a:

<input type="checkbox"/>	Single family residence	<input type="checkbox"/>	Duplex/triplex
<input type="checkbox"/>	Non-residential building		
<input type="checkbox"/>	Apartment building(s); number of dwelling units: _____		

Is the service address to be terminated **completely unoccupied**? Yes _____ No _____

Reason for termination:

_____ Foreclosure

Name of Mortgage Company _____

Address: _____

Phone Number: _____

Has the home been winterized? Yes _____ No _____

Name of company that winterized: _____

Has Gas Meter been removed? Yes _____ No _____

Has Water Meter been removed? Yes _____ No _____

Pull Gas Meter? Yes _____ No _____

_____ Bankruptcy: Case # _____ File Date: _____

Note: Services will be shut off and gas meter will be removed. \$150.00 deposit required for future service.

_____ Owner request service terminated while occupied by tenant.

Note: We must give tenant a 10-day notice and owner charged a \$20 trip charge.

Does not require adult consumer signature.

