

**CITY OF FALLON**  
**SERVICE TERMINATION REQUEST**

TURN OFF DATE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

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**TERMINATED CUSTOMER'S FORWARDING ADDRESS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SS# \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**FOR OFFICIAL USE**

ACCOUNT NUMBER \_\_\_\_\_

COMPUTER ENTRY BY \_\_\_\_\_

DATE \_\_\_\_\_