



**CITY OF FALLON**

**SERVICE TERMINATION REQUEST**

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

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

---

**TERMINATED CUSTOMER'S FORWARDING ADDRESS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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

PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

---

**FOR OFFICIAL USE**

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

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

DATE \_\_\_\_\_