

**TOWN OF IOWA
UTILITY ACCOUNT TERMINATION FORM**

_____ Cancel Service – Requesting Refund _____ copy of ID attached

Today's Date: _____

Date to cancel service: _____

Customer Name: _____

Service Address: _____

Mailing address for refund:

Phone Number: _____

Customer Signature: _____

The primary account holder/co-applicant will be held responsible for unpaid balance not covered by your utility deposit. Active deposits are applied towards unpaid balance on your account and a refund check will be mailed for remaining funds if available.

Do not write below this line

Customer # _____

Location: _____

Disconnect Date: _____

Meter # _____

Last billed date: _____

Final reading: _____

Deposit Amount: _____

Comments: _____