

TOWN OF ROANOKE

Termination of Utilities Request

Requested date of Termination:_____

Name: _____

Last	First	Middle Initial
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Cell Phone Number: () _____

Email Address: _____

Co-Applicant (*if applicable*)

Name: _____

Last	First	Middle Initial
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Cell Phone Number: () _____

Physical Address of Terminated Services:

If you were renting, what is Landlord's name?_____

Name & Phone Number of Employer: _____

Final Billing Address (*new address*)

Address: _____

City: _____ State: _____ Zip Code: _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Mail to Roanoke Utilities, P.O. Box 328, Roanoke, IN 46783, deliver to: 141 W. Third St., Roanoke, IN 46783 or e-mail to roanoketct@yahoo.com

Office Use Only:

Acct# _____ Final Read _____