

Utility Disconnection Form



Please disconnect my: Water _____, Gas _____, or Both _____.

Date of disconnection: _____ Account Number: _____

Account holder: _____

Mailing Address: _____

Address where service is located: _____

Forwarding address: _____

Phone Number: (____) _____

By signing below, I am fully aware of the City of Clifton's Water, Wastewater, Gas, and Sanitation policies. This includes my responsibility to pay my account in full at the time of cut-off. As the account holder, I agree to pay for all collection costs, attorney fees, and/or court costs, should my account be considered past due.

Signature: _____ Date: _____

Office Use Only

Amount Paid: \$ _____ Account paid in full: _____

Payment accepted by: _____

